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Walden University

College of Counselor Education & Supervision

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Rebecca Nate

has been found to be complete and satisfactory in all respects,
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Walden University
2015

Abstract

Predicting the Perceived Importance of Professional Advocacy Among Counselor
Educators

by

Rebecca Diane Nate

MS, Walden University, 2011

BA, University of Texas San Antonio, 2008

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Counselor Education and Supervision

Walden University

May 2015

Abstract

The goal of this nonexperimental quantitative research study was to determine if the professional identity of a counselor educator (CE) predicted their perceived importance of professional advocacy. Social identity theory (SIT) constituted the framework for this study, which asked whether CEs would follow the established norms of the dominant professional group and thus consistently perceive the importance of professional advocacy. The Professional Counselor Advocacy Inventory (PCAI) was used to measure CEs' perceptions. The data of 92 participants were analyzed in SPSS 21 using an ordinal regression. Specialization, age, gender, primary setting, and years of experience were the predictor variables, and multiple elements of perceived importance were the outcome variables. While CEs overwhelmingly agreed that professional advocacy as a general concept was important as indicated by majority responses, there was less agreement on the importance of other elements, particularly concerning insurance coverage and job attainment. Of the five predictor variables examined, only gender and age produced significant results on study inquiries related to insurance, employment, and self-advocacy. The findings do not support SIT in the context of professional advocacy among CEs and additional research may be needed to determine if other variables predict the level of importance CEs assign to professional advocacy. As the results of this study demonstrated only age and gender produced a significant effect, this research could contribute to social change by sparking conversation about advocacy patterns and efforts in CEs, which may ultimately contribute to policy change and improve the reputation of the counseling and counselor education fields for its members and clients.

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Dedication

With great honor, I dedicate my dissertation to my wonderful parents, Maria Nate and Kenneth E. Goodrich, who always believed in me, and whose support and encouragement have contributed to my insatiable need for knowledge and education.

Acknowledgments

I sincerely thank my chairperson, Dr. Laura Haddock, for her unwavering support, encouragement, and conscientiousness along with so many other admirable qualities. I am grateful to Dr. Shelley Jackson for joining my project midway through and for providing thought-provoking and relevant feedback. I would also like to express gratitude to Dr. Melinda Haley, my university research reviewer, for ensuring quality and providing invaluable guidance. I could not have asked for a better committee and I am truly appreciative to have had such excellent mentors. I also thank Dr. Michelle de la Paz for allowing me to use her assessment and sharing my interest and passion for professional advocacy.

My deepest appreciation goes to my parents and family whose belief in my ability to reach my goal has never wavered. My boyfriend Javier who listened to me drone on about research and statistics, and my dog, Meatloaf, for providing endless comfort and snuggles when I needed it most.

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Chapter 1: Introduction to the Study

Introduction

This study sought to predict how counselor educators (CE) perceive the importance of professional advocacy. According to the available literature, little is known about the advocacy perceptions, beliefs, and habits of the CE population; this research was intended to expand what is known about professional advocacy perceptions in this population. This research has the potential to strengthen the professional identity of CEs, increase the professional pride of CEs, and reinforce the importance of advocating for the counseling profession. This research might also provide the foundation for a new model of advocacy, and help increase the credibility of the professional counselor with the public at large.

This chapter will provide the background on the study; highlight the gap in literature; describe the problem and the purpose of the research; outline the research questions and hypothesis, describe the theoretical framework, describe the nature of the study; provide operational definitions; describe the assumptions, limitations, and scope and delimitations of the study; and convey the study's significance.

Background

Advocacy for the counseling profession has resulted in many successes, such as the establishment of regulatory boards, licensing, and credentialing (Toporek, Lewis, & Crethar, 2009), though much work is still required to advance the field. As part of their approach to advocacy, Chang, Hays, and Milliken (2009) acknowledged that professional advocacy is in need of consideration, while de la Paz (2011) claimed that the counseling

field would benefit from a stronger emphasis on professional advocacy, advocacy on behalf of the counseling field. Chi Sigma Iota's (CSI) national plan for professional advocacy identified six themes that advocacy efforts should focus on. Theme A was CE, and it would include teaching advocacy to professional counselors (2014b). The standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009) include professional advocacy under Professional Identity standard, Sec. II. G. 1. Professional Orientation and Ethical Practice. The standards expand on this concept by stating counselors should be aware of the professional advocacy process. The CACREP (2009) also recommends that doctoral programs consider the advocacy potential of applicants as an admission criteria. The fostering of advocacy in CACREP-accredited doctoral programs occurs during courses such as "Social Change, Leadership and Advocacy in the Counseling Profession." Advocacy is not explicitly named as one of the eight core curriculum areas for preparing professional counselors, despite the fact that CACREP (2009) recommends that professional advocacy be emphasized as part of counselor development. Due to this lack of instruction for including advocacy in counseling programs, CEs may place less emphasis on this concept. If so, it calls into question how seriously professional advocacy is focused on or modeled by CEs in the field of CE.

Notwithstanding CACREP's inclusion of professional advocacy in their standards, the historical focus of advocacy has been targeted at social justice initiatives rather than professional issues (Osborne et al., 1998), though recent studies (Calley & Hawley, 2008; de la Paz, 2011; Luke & Goodrich, 2010; Reiner, Dobmeier, &

Hernandez, 2013) provide insight on the professional aspect of this topic. A dissertation published in 2011 explored counselors' perceptions of barriers when participating in professional advocacy (de la Paz, 2011). De la Paz studied professional advocacy as a general issue, though CEs were not the primary sample (de la Paz, 2011). A review of the available literature identified few studies on the importance of advocacy in relation to the CE population. Calley and Hawley (2008) examined the professional identity of 70 CEs, focusing on leadership in the American Counseling Association (ACA), level of participation in advocacy, and how often CEs discussed professional development. Descriptive statistics were calculated and results demonstrated that professional identity relates to level of involvement in advocacy. This research lacks a focus on the *importance* of advocacy within the CE professional identity. Reiner et al. (2013) surveyed the professional identity of 378 counselors and postulated that counselor identity plays an important role in deciding how advocacy efforts are demonstrated. Their research found CEs to be responsible for training counselors in professional advocacy because CEs have access to advocacy preparation curriculum, but do not often engage in professional advocacy activities themselves. Luke and Goodrich (2010) discussed leadership, advocacy, and professional identity in 15 CSI leaders who identified as career counselors. The researchers concluded that counselor identity influences how advocacy efforts are demonstrated. Myers, Sweeney, and White (2002) explored the importance of advocacy for the future of the counseling profession, and noted that professional advocacy efforts often materialize as a result of a professional identity. Of the literature I

reviewed on this topic, none delved into the perceived importance of advocacy within the counseling field of counselor education.

Statement of the Problem

Counselors are apprehensive about engaging in professional advocacy and when they do, their efforts are often ineffective (Myers et al., 2002; Reiner et al., 2013). Engaging in professional advocacy is important for many members of the counseling field including counseling interns, professional counselors, and CEs; they seek to ensure quality of services, demonstrate a unity of the group, and sustain the success of the counseling discipline (Chang et al., 2009). CEs are professional counselors who are responsible for the educational preparation and development of future professional counselors (ACA, 2014a), that is, counselors who treat mental, behavioral, and emotional disorders (ACA, 2011). For the reasons listed above, CEs should engage in professional advocacy in order to emphasize the importance professional advocacy, instill similar professional values in students and supervisees, to align with the best practices of the Association for Counselor Education and Supervision (ACES; 2011), and the CACREP (2009) standards that recommend advocacy. In this study, the concern is CEs' perceived importance of professional advocacy, the level of agreement they assigned to the importance of advocating professionally for the counseling discipline, as measured on the Professional Counselor Advocacy Inventory (PCAI). Participants self-identified as CEs during the recruitment and consent processes.

Advocacy—professionally and on behalf of clients—is encouraged and supported by prominent counseling associations. The ACA defines advocacy as the “well being of

individuals, groups, and the counseling profession within systems and organizations” (ACA, 2014a, p. 20). Professional advocacy can be further defined as action intended to increase access, growth, or development (ACA, 2014a) of the counseling field, or support for policies or standards of the counseling profession (CACREP, 2009). According to the ACA (2014a), the goal of advocacy efforts is to target issues that impede the advancement of the counseling field. Failure to participate in advocacy activities on professional issues results in stagnation of the field; and failure to eliminate professional barriers—such as lack of employment or advancement,—in addition to lower salary, inconsistent licensure requirements, less collaboration among professionals, a weak professional identity, and less systemic change (Trusty & Brown, 2005; Heinowitz et al., 2012). Lack of advocacy is most evident through the incomplete parity with other mental health professionals, such as psychologists and social workers, and the constant need to defend therapeutic practices (Eriksen, 1999).

The literature shows that considerable research is available on client and social justice advocacy (Chang et al., 2009), advocacy in school counseling (Trusty & Brown, 2005), advocacy in rehabilitation counseling (Myers, Sweeney, & White, 2002), and advocacy in cultural competency (Grothaus, McAuliffe, & Craigen, 2012). Eriksen (1999) studied the activities of counselor advocates, how advocates approach advocacy, advocates’ thought processes about advocacy, and advocates’ professional identity. Myers and Sweeney (2004) touched on the importance of advocacy for the future of the counseling profession using members in leadership positions in national counseling

organizations as their sample population and found that the majority of leaders believe advocacy is important.

Of the numerous components of advocacy, professional advocacy should be at the core because it provides a foundation on which the field can continue to flourish (Myers, Sweeney, & White, 2002). Professional counselor leaders in the field have determined that advocating on behalf of the profession is important, and that values, personal biases, interests, and passion are crucial determinants of engaging in advocacy (White & Semivan, 2006). De la Paz (2011) developed the PCAI to identify perceptions of professional counselors in relation to several components of professional advocacy. The PCAI includes a domain that assesses the importance of professional advocacy. Norming the questionnaire on 390 counselors, de la Paz (2011) determined that greater agreement on the importance of advocacy correlated to higher levels of involvement.

The results of the de la Paz (2011) study demonstrated that an individual's primary professional identity contributed to the differences in the ratings between participants on the PCAI; Eriksen (1999) suggested that members claiming different professional identities would have varying perspectives on professional advocacy. Myers and Sweeney (2004) noted that the professional identities of counseling professionals influence the focus of advocacy, and that professional interests can be influenced by professional identity. In addition, professional identity can impact an individual's professional perceptions (White, 2009), while understanding and awareness of counselor professional identities allows counselors to advocate more effectively (Lister, 2014). All

of these factors, in turn, may influence the perception of importance of advocacy in the selected CE population.

The following demographic characteristics were expected to have an effect on the perception of the importance of professional advocacy and were included in this study as covariates, or other variables that may also have a relationship with the outcome variable (Field, 2013). Though few studies have examined how demographic characteristics influence involvement in professional advocacy, several studies cite gender, age, years of experience in the counseling field, and primary setting as characteristics that contribute to outcomes in prior professional advocacy studies. Since the majority of professional counselors are female (de la Paz, 2011), the female sex may be disproportionately represented in counselors interested in professional advocacy.

Gender in professional advocacy was examined by Field and Baker (2004) and de la Paz (2011), and thought to influence how advocacy is defined as well as to alter the perception of professional advocacy. Eriksen (1999) and Field and Baker (2004) noted the age of participants can influence advocacy perspectives and the likelihood of advocacy involvement, while de la Paz (2011) observed that years of experience in the counseling field contributed to differences in the attitude ratings of the participants on the PCAI. Eriksen (1999), Myers and Sweeney (2004), and Field and Baker (2004) also drew similar conclusions in regards to the relationship between years of experience in the counseling field and professional advocacy efforts. Lastly, primary setting is thought to impact advocacy duties (Field & Baker, 2004), as well as influence the perception of professional advocacy among professional counselors (de la Paz, 2011).

A qualitative research study on professional advocacy conducted by Eriksen (1999) identified conflicts in professional identity and beliefs related to the counseling profession among the counseling subspecialties, including CEs. CEs have been incorporated in a variety of studies on professional advocacy; Myers and Sweeney (2004), Eriksen (1999), and de la Paz (2011); though these inclusions occurred as a derivative of the primary population or purpose. The importance of advocacy has been included only in a small number of studies that examined (a) the importance of advocacy components and learning advocacy skills (White & Semivan, 2006), (b) the importance of advocating on behalf of students (Field & Baker, 2004), (c) the importance of advocacy to the success of the field (Myers & Sweeney, 2004), and (d) the overall importance of advocating for the counseling profession (de la Paz, 2011).

Due to the lack of prior studies with emphasis on the counselor education population and limited attitudinal research, there is incomplete literature on the perceived importance of professional advocacy in this population. The purpose of this research was to better understand the importance of professional advocacy in the counselor education field using the PCAI. Without knowledge about professional advocacy applicable to specific professional identities and occupational fields, such as CEs and counselor education, there is a lack of effective methods to foster advocacy participation in those populations. Knowledge about professional advocacy applicable to certain groups is essential for a population tasked with facilitating the development of future professional counselors.

The results of this research will help with the following:

1. To gauge the importance of professional advocacy for those identifying with the professional identity of a CE.
2. To provide guidance regarding how to improve the perceptions of the importance of engaging in advocacy, and promote effective advocacy for professional issues.
3. To ultimately lead to strengthened development and career opportunities for counselors, strengthening the professional identity, and for systemic and social change.
4. To help fill the gap in understanding by focusing on those identifying with a CE professional identity. Analyzing the importance of professional advocacy among CEs may provide an alternate view of advocacy perceptions within the counseling profession.

Purpose of the Study

The purpose of this quantitative study is to better understand the importance of professional advocacy among CEs, using the PCAI, and thus fill a gap in the literature. The professional identity of the study's participants was that of a CE. The study considered specialty, gender, age, years of experience in the counseling field, and primary setting to regress the perceived importance of professional advocacy for CEs.

Research Questions and Hypotheses

RQ1: To what extent do the variables of specialty, gender, age, years of experience in the counseling field, and primary work setting within the professional identity of a counselor educator predict the attitude of perceived importance of

professional advocacy as measured by responses on a Likert-type scale in the corresponding domain of the Professional Counselor Advocacy Inventory?

H_0 : Predictor variables will have no predictive effect on a CE's perceived importance of professional advocacy as measured by the Professional Counselor Advocacy Inventory.

H_1 : Predictor variables will have a predictive effect on a CE's perceived importance of professional advocacy as measured by the Professional Counselor Advocacy Inventory.

Theoretical Framework

Tajfel and Turner (1979) developed social identity theory (SIT) in the 1970s as a response to the reemerging interest in group behavior and categorization. SIT posits that individuals behave according to the norms of the group on which their membership is based, therefore, individuals act in congruence to the social norms in a given environment, adopt similar ways of thinking, and are identified by others as fitting this mold (Manstead & Hewstone, 1999). The concept of *belongingness* to a professional organization influences members to adopt values similar to those of the association. According to SIT, a professional identity is formed based on group membership; this is referred to as intergroup behavior (Tajfel, 1982). SIT has been used in research related to organizational and business culture (Pearce, 2013), many studies in the social sciences (Mana, Orr, & Mana, 2009; Nesdale & Flessner, 2001; Trepte & Kramer, 2007; Lloyd, Schneider, Scales, Bailey, & Jones, 2011), and even with professional athletic teams (Fink, Parker, Brett, & Higgins, 2009). SIT provides an overview explaining how an

individual's professional identity develops, and offers an explanation for internal motivators such as self-esteem that influence identification with a group (Manstead & Hewstone, 1999). Application of this theory provides organizations with information related to how to best understand their members in the context of a group.

Applying SIT to this research aided in the development of a hypothesis, whether identifying as a CE and a member of the counselor education field would have or would not have a predictive effect on the importance of professional advocacy as measured by the PCAI. CEs might follow the established norms of the dominant professional group and thus perceive the importance of professional advocacy similarly to that of fellow CEs. The principles of SIT applied to this research assume CE beliefs would be influenced by guidelines set by the most visible relevant groups such as the ACA, the ACES, the CACREP, CSI, and the National Board for Certified Counselors (NBCC), all of which promote the importance of, and engagement in, professional advocacy. Approaching the study with this framework allowed me to predict whether CEs assign similar levels of importance to professional advocacy as part of their counselor education group identity.

Nature of the Study

This study used a quantitative approach, which is consistent when using scaling to measure attitude about a variable (Frankfort-Nachmias & Nachmias, 2008), in this case, objective scaling to measure the importance of advocacy. This method aligns with the problem statement by providing the quantitative importance of CEs as professional advocates in the context of social groups. Examining the importance of professional

advocacy within a group is consistent with SIT, the theory that was used to explain the relationship between the predictor and outcome variables. According to SIT, self-identifying as a CE would influence the perceived importance of advocacy due to the intergroup behavior among this population.

Information collected using the PCAI (de la Paz, 2011) included gender, race/ethnicity, disability status, age, degree attained, license, primary specialty, primary setting, state of residence, and years of experience in the counseling field. The PCAI was used to collect data on participants' knowledge, perceptions of advocacy skills, advocacy efforts, the importance of advocacy, barriers to advocacy, and support for advocacy. The outcome variable in this research was the perceived importance of advocacy as measured by the PCAI using the *importance* domain, while the predictor variables were the CE's, specialty, gender, age, years of experience in the counseling field, and primary setting. In this study, the information collected on primary specialty, as noted on the PCAI referred to a teaching specialty in the CE role rather than professional identity within the field. The PCAI provided a numerical value of the perceived importance of advocacy among CEs.

Definition of Terms

The following operational definitions are necessary for an accurate understanding of the research. Further explanation of the study variables are described in Chapter 3.

Age: length of time a being has existed ("Age," 2015) measured in years entered as a free text continuous variable (de la Paz, 2011).

Counselor education: professional counseling field in which educators prepare future professional counselors academically (CACREP, 2009).

Counselor educator: professional counselor identifying with the professional identity or role of counselor educator; responsible for the educational preparation and development of future professional counselors (ACA, 2014a).

Counseling field: professional area of study concerned with treating mental, behavioral, and emotional disorders (ACA, 2014a).

Gender: sex of a participant ("Gender," 2015) which may be categorized as male or female (de la Paz, 2011).

Perceived importance: level of agreement assigned to the importance of advocating professionally for the counseling discipline (de la Paz, 2011).

Primary setting: setting the participant primarily works in and can refer to a federal, non-profit, private or state agency; a college in the capacity of a counselor, advisor, or counselor educator; a private practice; school; or other (de la Paz, 2011).

Professional advocacy: action intended to increase access, growth, or development (ACA, 2014a), or support for policies or standards for the counseling profession (CACREP, 2009).

Professional counselor: helping professionals who treat mental, behavioral, and emotional disorders (ACA, 2011).

Professional counselor advocacy inventory: inventory created by de la Paz (2011) to quantitatively collect data regarding professional counselors demographics, knowledge, professional advocacy skills and qualities, advocacy efforts, importance for

and need to advocate, barriers to professional advocacy, and support for professional advocacy using a Likert-type scale.

Professional identity: professional counselor's primary occupational designation; mental health counselor, substance abuse counselor, CE, marriage and family counselor, professional school counselor, rehabilitation counselor, supervisor, or other.

Social identity theory: theory that states individuals "define themselves in terms of their social group membership and enact roles as part of their acceptance of the normative expectations of ingroup members" (Burke & Stets, 1998, p. 4).

Specialty: A counselor educator's area of teaching focus within the counselor education field.

Years of experience: number of years of experience the participants have in the counseling field entered as free text continuous variable (de la Paz, 2011).

Assumptions

In this study, it was assumed that the participants were honest in their responses to the questions. It was also assumed that the questionnaire measured what it is intended to measure and would produce consistent results based on factor analysis (FA) and content validity, as described by the developer, de la Paz (2011).

These assumptions were necessary because honesty is an uncontrollable variable (Foerster, Pfister, Schmidts, Dignath, & Kunde, 2013), and because the PCAI questionnaire—the only available normed measure that could capture all of the intended variables of interest—had been developed only within the last few years and had been used in only one study, thus limiting data on its reliability.

Scope and Delimitations

This research focused on five predictor variables and one outcome variable, as reflected in the research question. The predictor variables were specialty, gender, age, years of experience in the counseling field, and primary setting. They were chosen based on prior research, which demonstrated that selected predictor variables can have a cause-effect relationship on the outcome variable, perceptions of professional advocacy (de la Paz, 2011; Eriksen, 1999; Field & Baker, 2004; Myers & Sweeney, 2004). These variables were measured in the demographic section and the *Importance for and Need to Advocate* domain of the PCAI. These variables are constant and in most cases, are thought to have temporal precedence in that the “cause” is preestablished and happened before the effect (Research Methods Knowledge Base, 2006a). That is, the respondents already possessed these characteristics before they began the questionnaire and completed the questionnaire only once rather than twice in a pretest and posttest scenario. The temporal precedence of these variables made it possible to get an indication about the relationship between the variables and the internal validity of the study (Research Methods Knowledge Base, 2006a).

There were two characteristics for exclusion from the study: counseling students who had not yet completed at least a master’s degree and professional counselors who did not identify with the professional identity of a CE. These factors delimited the pool to CEs, including doctoral students who identified as CEs, and excluded professional counselors who identified with other professional identities such as mental health counselor, substance abuse counselor, marriage and family counselor, professional school

counselor, rehabilitation counselor, supervisor, or other areas, as well as master's students. Furthermore, the method in which the questionnaire was delivered also delimited the study to individuals who (a) belonged to or subscribed to the organizations used for recruiting and (b) had access to the Internet.

The variables of interest were selected based on prior research, which indicated which factors were likely to have a relationship with the outcome variable of interest. This study did not explore demographic characteristics beyond those of specialty within counselor education, gender, age, years of experience in the counseling field, primary setting and advocacy domains beyond that of *Importance for and Need to Advocate*. The following variables were not examined in this research: race/ethnicity, disability status, degree, license type, and state of residence, as well as PCAI domains; knowledge of professional advocacy, professional advocacy skills and qualities, advocacy efforts, barriers to professional advocacy, and support for professional advocacy. This study was explored from a SIT perspective, though alternate frameworks for were available. For example, the ACA advocacy competencies (Lewis, Arnold, House, & Toporek, 2003) was used as a conceptual framework in prior advocacy perception research (de la Paz, 2011). Critical social theory, social comparison theory, social exchange theory (Turner, 2000), and social bond theory (Lub, 2013) could also have been used. SIT was deemed to be the most appropriate framework for this study because the research focused on CE as a professional identity, rather than change or some other social component.

The delimitations present in this study make it difficult for the research to be applied to professional counselors who identify with professional identities other than CE

(Creswell, 2009). In addition, the theory used in this research limits the exploration of this problem to the context of SIT, which suggests that this problem, if explored from another framework, may lead to different conclusions.

Limitations

This study was subject to a series of limitations:

1. Participants' personal characteristics varied widely, which resulted in extreme scores.
2. Participants' dropped out of the study before completion.
3. Participants had preconceived meaning of operational definitions.
4. Lack of random sampling minimized generalizability.
5. The questionnaire did not accurately capture professional advocacy perceptions in their entirety.
6. Inadvertent disclosure of the expected outcome of the study caused false participant responses.
7. The PCAI is a new measure and limited research has been conducted using it.
8. The sample was skewed by counselors with high interest in the topic of professional advocacy.
9. Due to the method of sampling, a representative sample could not be guaranteed.

Many CEs have a specialty area such as school counseling, mental health counseling, marriage and family counseling, or another area, within the counselor education realm. This research also examined the individual participant's specialty area within this field using on two responses, "counselor education," or "other." For the purposes of this study

participants within the population of counseling who primarily identify as a CE regardless of their teaching specialty, were considered one group for recruitment, but narrowed further by teaching specialty on the PCAI. The verbiage used on the PCAI also differs from the verbiage used in the current study. The PCAI refers to an individual's primary specialty as their field of study; mental health counseling, substance abuse counseling, counselor education, marriage and family counseling, professional school counseling, rehabilitation counseling, supervision, or other (de la Paz, 2011). This study used the term *specialty* or *specialization* to refer to a CE's teaching specialty, while the term *professional identity* was used to describe a counselor's role within the field; mental health counselor, substance abuse counselor, CE, marriage and family counselor, professional school counselor, rehabilitation counselor, supervisor, or other. Thus, for this study, only individuals fitting the professional identity of a CE were recruited, though the participants may have different indicated specialties. In addition, *years of experience in the counseling field* as described in this study is noted as *years in the counseling field* on the PCAI (de la Paz, 2011). Other drawbacks include the questionnaire being unable to account for a change in opinion over time, and the inability to control for factors such as honesty in self-reporting. To address internal validity threats, I was mindful of and appropriately addressed extreme scores through data screening, and data transformation. A large sample size was recruited to account for participant mortality (Creswell, 2009). To remedy external validity threats, I refrained from making claims about populations the results can be applied to, and in the future will potentially conduct follow-up research to replicate the findings, or study additional

populations (Creswell, 2009). Finally, to address threats to construct validity, I made every effort to accurately describe my research constructs, and analyzed responses to all five questions regarding the importance of professional advocacy in the *Importance for and Need to Advocate* domain on the PCAI. In addition, I was cognizant not to allude to the desired research outcome.

Significance

This study is significant for the following reasons:

1. The study originality stems from the under researched topic of the importance of professional advocacy in the professional counselor population.
2. The study results contributed to the body of knowledge on what we know about CEs' professional identity and the counselor education field, specifically the perceived importance of advocacy engagement in professional issues.
3. The study results could aid CEs and the counselor education field in supporting an increase in participation and prompt involvement in advocacy (Chang et al., 2009). Advocacy has long been a staple of the counseling community and finding ways to support this movement might facilitate increased counselor credibility and perception among the general public, and contribute to a strengthening of professional identity. Mirroring the level of advocacy counselors engage in for their clients can assist in improving the reputation of counselors.
4. The study results may also assist in increasing the professional pride that is inherent in engaging in professional advocacy activities, and reinforce the importance of advocating for the profession (Chang et al., 2009).

5. The study could provide the framework for a new or improved model for advocacy.

Summary

Discussed in this chapter was an introduction to the study. The goal of this research project was to determine if characteristics of the professional identity of a CE were predictive of a CEs' perceived importance of professional advocacy. This nonexperimental research was approached with a SIT framework. The PCAI was used to gather data on CEs specialization, age, gender, primary setting, and number of years of experience, data that was used to predict perceptions of professional advocacy importance using an ordinal regression.

This chapter provided a preview of the study. Chapter 2 begins with Tajfel and Turner's definition of SIT (1979), followed by a review of the literature on various forms of advocacy. Chapter 3 starts with the Research Method including the design, methodology, and procedures of the study. Chapter 4 begins with the Results including data collection, and ordinal regression analysis findings. Chapter 5 is the Discussion which includes the study findings, limitations, recommendations, and conclusion.

Chapter 2: The Literature Review

Introduction

The purpose of this research was to better understand the importance of professional advocacy in CEs using the PCAI and to fill the gap in the professional advocacy literature as it relates to counselor education. Of principle concern in this study was the perceived importance, the level of agreement assigned to the importance of advocating professionally for the counseling discipline, by a niche of the counseling field, CEs, as measured on the PCAI.

Professional advocacy continues to be an integral part of the counseling profession (CSI, 2014b). As such, identifying professional identities that deem professional advocacy important, such as CEs in the field of counselor education, is critical in determining how best to proceed in advocacy efforts. It was expected, based on education, training, and membership in professional organizations, that CEs would understand the need for advocacy (de la Paz, 2011). However, there is little known prior research to investigate the level of importance CEs assign to this task. CEs have been observed to have the knowledge, skills (de la Paz, 2011; White & Semivan, 2006), and qualities (de la Paz, 2011; Eriksen, 1999; Field & Baker, 2004) needed in counselor advocates, but they continue to fall short in professional advocacy efforts (Myers, Sweeney, & White, 2002; Reiner et al., 2013). Ultimately, this calls into question whether CEs believe that advocating on behalf of the counseling profession is important. Additional research is needed to determine whether CEs fail to engage in professional

advocacy because they do not perceive it important as a result of their professional identity.

The literature reviewed on professional advocacy contains limited information on professional identity populations such as CEs in the context of advocacy importance. Prior research on professional advocacy examined professional identity, professional advocacy skills, and qualities of counselor advocates (Eriksen, 1999; White & Semivan, 2006). Myers and Sweeney (2004) investigated ways to measure the success of future advocacy efforts; and Field and Baker (2004) analyzed ways to define advocacy, ways to learn to advocate, and discovered how the environment impacts advocacy. In addition, literature is available which identified important components of professional advocacy (White & Semivan, 2006); and examined how theoretical orientation, professional affiliation, professional activities, courses taught, and career choices related to professional identity and level of advocacy participation in CEs (Calley & Hawley, 2008). Furthermore, Gronholt (2009) identified faculty and student barriers to advocacy participation; and Kindsfater (2009) determined factors that predicted participation in professional advocacy in psychologists. Prior researchers have also identified relationships present between ACA members professional affiliations and advocacy attitudes (Lange, 2009); and explored the experiences of counselor advocates (White, 2009). Moreover, researchers examined how the professional identity development of career counselors involved in leadership alters the promotion of advocacy (Luke & Goodrich, 2010); studied perceptions of barriers to participating in professional advocacy (de la Paz, 2011); and observed how the professional identity of CEs and perception of

fragmentation had an impact on advocacy efforts (Reiner et al., 2013). Lastly, researchers were able to determine factors that predicted professional advocacy participation in socialwork organizations (Mellinger, 2014; Mellinger & Kolomer, 2013). The research outlined above inadvertently omits determining the perceived importance of advocacy in CEs, a factor important for determining how to improve advocacy efforts.

The following sections of this chapter will encompass the following:

- description of the literature research strategy;
- description of SIT as the theoretical foundation;
- summary of studies using SIT;
- the rationale for the framework choice;
- definition of social justice and client advocacy;
- ACA advocacy competencies;
- summary of literature encompassing social justice and client advocacy;
- professional advocacy definition;
- summary of importance of professional advocacy;
- summary of professional identity and counseling fields;
- summary of professional advocacy skills and qualities;
- summary of the CSI advocacy themes;
- summary of professional advocacy literature;
- description of the PCAI; and
- concludes with a summary of chapter two.

Literature Research Strategy

The following databases and scholarly resources were used to identify and obtain literature: Academic Search Complete, Education Research Complete, Health and Psychosocial Instruments, Mental Measurement Yearbook, PsycExtra, PsycCritique, PsycArticles, PsycInfo, ProQuest Central, SAGE, EBSCO, ERIC, PyscBook, Thoreau, SocINDEX, Research Starters-Education, and Google Scholar. Journal articles used to describe the foundations of SIT were peer-reviewed and limited to the period 1970-2015. Studies older than 10 years were included in the theoretical framework summary as the theory was popularized in the 1970s and it was deemed important to include seminal works that guided the development of this theory. The most relevant peer-reviewed literature for social justice advocacy dates back to 2009 while the research described on professional advocacy dates to 1999. Studies older than 10 years were included in the professional advocacy summary as they were determined to be important in order to provide a wide range of examples of prior research, as well as to outline the professional advocacy movement at the turn of the 21st century. Search terms were employed individually and in combination: *advocacy, professional, counselor, education, professional, identity, importance, social identity, regression, and prediction*. A layered approach began by searching advocacy, professional advocacy, and counselor educator, followed by combinations of these phrases.

Theoretical Foundation

Many theoretical foundations were considered for this research. While there is a strong professional identity component in the field of counseling, as well as in this research, arguments can also be made for using theories that focus on change, bonding,

and other socially based approaches. Described in the next section is an overview of the framework chosen for this research, SIT, as well as a rationale for its selection in lieu of other theories.

Social Identity Theory

SIT dates back to the 1970s when it was developed by Tajfel and expanded upon by Turner (Tajfel & Turner, 1979) as a response to the increased awareness of group behavior and social categorization in society. Tajfel had a personal investment in this research as he struggled with his own identity in reference to the conflict between American and European views on social psychology (Dumont & Louw, 2009). Tajfel, along with others, studied and honed this concept over the span of several decades beginning with research on intergroup discrimination (Tajfel, 1970), and subsequently adding to the literature base in relation to topics such as social categorization (Tajfel, Billig, Bundy, & Flament, 1971), ethnic groups (Tajfel, Jahoda, Nemeth, Rim, & Johnson, 1972), similarity in behavior (Billig & Tajfel, 1973), identity and intergroup behavior (Tajfel, 1974), categorization in intergroup behavior (Tajfel & Billig, 1974), intergroup relations (Tajfel, 1976), intergroup conflict (Tajfel, 1977; Tajfel & Turner, 1979), social group differences (Tajfel, 1978), social comparison and group interest (Turner, Brown, & Tajfel, 1979), human groups and social categories (Tajfel, 1981a), and social stereotypes and social groups (Tajfel, 1981b), among numerous other studies (Dumont & Louw, 2009). The results of these studies confirmed the assumptions of SIT and helped shape SIT into a solid theoretical framework as described below.

Theoretical Assumptions

The major assumption of SIT is that individuals behave according to the norms of their group and “define themselves in terms of their social group membership and enact roles as part of their acceptance of the normative expectations of ingroup members” (Burke & Stets, 1998, p. 4). Mackie and Smith (2015) also noted an individual’s membership in a social group can influence the identity of that individual. Said another way, researchers who endorse SIT assert that individuals belonging to the same social group will possess similar identities, similar characteristics, and demonstrate similar behaviors, beliefs, and perceptions (Tajfel & Turner, 1979). The primary assumption of this theory informs the hypothesis that CEs’ rating levels of importance of professional advocacy was predicted by their professional identity and membership in the counselor education field. In other words, a potential relationship between the perceived level of professional advocacy importance and group identity might be observed. Also examined was the notion that CEs will assign similar levels of importance to the topic of professional advocacy based on their group identity. Specifically, those counseling professionals who self-identified as a CE would assign a high level of importance to professional advocacy.

Social Identity Theory in the Literature

SIT and its social psychology foundation have been widely used in research in many disciplines including business (Pearce, 2013), social science (Mana et al., 2009; Nesdale & Flessner, 2001; Trepte & Kramer, 2007; Lloyd et al., 2011), and family-relations (Schmidts & Shepherd, 2013). There has been an abundance of research on group behavior and identity, though only a portion of this research used Tajfel and

Turner's (1979) SIT while other research referenced related concepts such as *identity theory* (Walker & Lynn, 2013), *national identity* (Berg & Hjerm, 2010), *intergroup distinctiveness* (Storari & Green, 2012), *self-categorization* and *ingroup identification* (Viki, Abrams, & Winchester, 2013), and *intergroup relations* (Major, Mendes, & Dovidio, 2013). Due to the abundance of research using SIT, the literature included in this review was restricted to the most relevant peer-reviewed studies during the timeframe of 2001 to 2014.

Since its inception, SIT has been increasingly used in research (Dumont & Louw, 2009). A search conducted in the Thoreau database to identify articles that used Tajfel and Turner's (1979) SIT resulted in 413 published articles since 2004. In recent years, SIT has been used in research on ingroup status in children (Nesdale & Flessner, 2001), ingroup norms in gender and identity (Trepte & Kramer, 2007), social identity in culture (Mana et al., 2009), ingroup identity in healthcare and business organizations (Lloyd et al., 2011; Pearce, 2013), and self-categorization in family units (Schmidts & Shepherd, 2013).

Studies Using Social Identity Theory

Nesdale and Flessner (2001) conducted a study on 258 Australian children between the ages of five and eight with the goal of predicting intergroup attitudes. An equal number of male (129) and female (129) children were used in this quantitative study for the purpose of assessing the accuracy of SIT in explaining intragroup and intergroup attitudes of young children belonging to different social status groups. Data were collected using picture scales designed to allow the children to identify how much they

liked children similar to, and different from, their own social group. The data collected was analyzed using an analysis of variance (ANOVA). The results of this study indicated even young children are sensitive to social group status and also revealed children with a higher status are more likely to express greater liking for members of both groups when compared to those in the low status group. Children with higher social mobility demonstrated liking for members of both groups, but, consistent with SIT, ultimately the ingroup of each respective group was more liked. The study also found children rated themselves significantly more similar to their ingroup than the other group, and high status children felt more similar to other children in both groups than did the low status children. Not surprisingly, low status children desired to switch groups more often than the high status children. The results of this study demonstrated status in an individual's ingroup can carry implications for both the desirability to belong to the group as well as an individual's perceived similarity to other members of the group. This study is important in order to demonstrate the profound effect belonging to a social group has on identity development. SIT was used as the theory that drove the research; results reinforced and validated the assumptions of the theory. SIT can be used to explain the identity professional counselors develop based on involvement in professional organizations, similar to the way the children in this group developed identities based on their social status.

Trepte and Kramer (2007) studied SIT in relation to gender and national identity in media research with the goal of explaining selective exposure to media content in the entertainment industry. In this quasi-experiment the researchers manipulated the

categories the participants rated, gender, nationality, and entertainment genre, to determine which characteristics have an effect on participant ratings when gender and nationality of the characters are the same as, or different from, the participant. A total of 419 university students, 57% women and 36% men, participated in this research. The average age of participants was 23 and all participants were from either a large Midwestern city in the United States (49%) or a northern German city (51%). The researchers distributed the Collective Self-Esteem Scale (CSES) via paper and pencil which consisted of a 7-point Likert-type scale with the purpose of assessing each participant's social identity. The t tests for paired groups were calculated and the researchers found women rate entertainment television series featuring female protagonists better, Americans prefer German series and vice versa, and participants with high self-esteem rate entertainment series better than participants with low self-esteem. This study is relevant as the results demonstrated similar rating patterns between gender, nationality, and qualities as well as determined involvement with a group can influence an individual's choices and actions. The conclusions drawn in this study using nationality and gender help clarify how SIT can be used to explain the professional identity counselors develop based on association with counseling groups.

Mana et al. (2009) applied a mixed method approach to study social identity in 1,626 Ethiopian and Russian adolescent immigrants and their Israeli hosts. The goal of this research was to support an identity model, and compare the groups for similarities and differences. Data was collected on 241 Ethiopian adolescents, 531 Russian adolescents, and 854 Israeli host peers using the Immigrant Identity Questionnaire (IIQ).

Through multidimensional scaling (MDS), smallest space analysis (SSA), factor analysis, and an ANOVA, the researchers determined responses to questions on the IIQ revealed similar patterns in responses among like populations. Four SIT components were evaluated using the data. Extended identity, or adopting the host country identity, was embraced by immigrants and resulted in an eclectic social identity development. Rivalry identity, rivalry between the immigrant and host country power resulted in an increased effort from the immigrants to be accepted in the host country. Secluded identity, immigrant separation tendency from host country society, resulted in gravitation towards other immigrants rather than native citizens. Identity loss, surrendering the original immigrant identity and integrating into the host country, ultimately resulted in an affiliation with neither group. The results of this study demonstrated patterns in identity representation and determined each immigrant group experienced similar adaptation and acculturation patterns based on identity. This study demonstrated how being a member of a group can produce similar responses to situational stimuli effecting identity development, a concept consistent with SIT. The implications of this research assist in explaining how SIT can be used to illuminate the identity development of professional counselors based on association with ingroups.

Lloyd et al. (2011) employed three participant observer researchers to evaluate 12 participants in a qualitative ethnographic study concerning ingroup identity among healthcare professionals at a dementia care facility in the United Kingdom. The goal of this research was to understand the identity dynamics of Healthcare Assistants (HCA), and to identify barriers to effective collaborative care. Researchers were employed as

HCAAs, recorded their personal experiences and took notes. The researchers also collected data through interviews, observations and multiple focus groups, subsequently categorizing the data using NVivo8. The researchers determined ingroup behavior, group norms, and behaviors were similar among low status HCAAs, HCAAs were supportive of each other, and HCAAs maintained close relationships. Based on this information, the researchers determined due to the separation of ingroups, there was minimal teamwork between HCAAs and other healthcare professionals in this environment and a distinct separation of identity was present between HCAAs and other healthcare professionals. The results of this study support the tenets of SIT in an organizational setting. The inferences made as a result of this research can be used to demonstrate how a professional identity as a counselor develops as a result of association with counseling organizations and subsequent exposure to counseling discipline philosophical beliefs.

In a nonexperimental quantitative study, Pearce (2013) examined ethics and legal issues in a business context in 252 male and female business manager participants using a survey research instrument which included seven items: gender, age, income, marital status, children, nationality, and academic performance. The goal of the study was to identify individuals with similar values in business scenarios in an effort to explain job-related values, and identify shared opinions and values in business organizations. An ANOVA was used to analyze the survey data. The researcher argued the participants established firm ethical reasoning based on the culture of the business. Managers identified relevant business organizations and superiors as influential factors motivating their own decisions. The manager's perception of the legal importance of an issue was

also directly related to their own values in legal situations. Ultimately, this study confirmed SIT is able to explain the development of values related to professional issues and supports the use of this theory in the present research study. The outcome of this research lends evidence to the assumption social identities develop based on fraternization with ingroups, and can be used to explain how counselor professional identities arise.

Schmidts and Shepherd (2013) conducted an illustrative qualitative case study using semistructured interviews on a multigenerational family. The researchers examined 12 core family members, seven males and five females, across four generations of a New Zealand family with the goal of exploring business dynamics in the context of SIT. Over the course of eight interviews, the researchers identified three themes that contributed to the development of similar social identities; degree of involvement and length of time in the family business, and shared memories. The researchers coded the interview data and found similar self-categorization and similar emotional components in family members. The researchers also determined stronger involvement in the family business led to a stronger identity within the family. The findings of this study are consistent with SIT and demonstrate how identity can be influenced by membership in a group. The conclusions made based on this research demonstrate SIT can be used to explain the identity development of professional counselors based on ingroup association.

All of the studies discussed above have one primary factor in common; the concentration on SIT. The research literature above demonstrated an individual's social identity is a large influence in the way situations are interpreted and responded to when

there is a group component present. The literature review discussed cultural, organizational, and attitudinal research in the context of SIT. These studies demonstrate support for using SIT in an organizational context as part of organizational culture and attitudes within that culture. No study was found that uses a SIT framework with research in CEs.

Rationale

SIT was chosen as the theoretical framework for this study in order to highlight the role an individual's professional identity and group membership plays in the role of advocacy in their professional careers. In this study, this refers to how CEs rated their perceived importance of advocacy based on their membership in a group or field, counselor education. Approaching the study with this framework allowed me to predict whether CEs' ratings of levels of importance are impacted by their professional identity, and to determine whether CEs assign similar levels of importance to professional advocacy and rate this concept highly as part of their group identity.

The theory relates to the study as the research examined a group of individuals with a salient professional identity as a CE. The research question allowed me to build upon prior research in which findings have confirmed selections or choices were made based on group identity. This research may confirm the application of the theory in the CE population.

Key Variables and Concepts

Though the emphasis of this project is on professional advocacy, both social justice advocacy (SJA) and client advocacy are important to define as all three forms of

advocacy are closely related. Provided below are definitions of SJA and client advocacy, followed by a description of the ACA advocacy competencies, and a summary of SJA and client advocacy as it relates to the counseling profession. Lastly, a discussion of professional advocacy importance, skills and qualities, themes, and prior research on the topic is provided.

Defining Social Justice and Client Advocacy

In the counseling field, social justice advocacy and client advocacy operates in tandem with professional advocacy. The focus of social justice and client advocacy is on advocating for the client (Lewis, Ratts, Paladino, & Toporek, 2011), rather than professional advocacy, in which the emphasis is on advocating for the profession (Heinowitz et al., 2012). Laboring to end injustice, oppression, and social inequalities on behalf of populations served by professional counselors is the purpose that drives the SJA and client advocacy movement (Lewis et al., 2011). The counseling field is a helping profession, due to this a large amount of research has been conducted on SJA and client advocacy; often professional advocacy is neglected in favor of consumer-based advocacy (Chang et al., 2009). Nonetheless, one form of advocacy cannot survive without the other. A world devoid of SJA and client advocacy would result in negative effects on the health and well-being of clients (Mallinckrodt, Miles, & Levy, 2014). In addition, without the knowledge gained from initial SJA and client advocacy efforts, there would be an impediment of critical thinking within the framework of advocacy, and less progress in professional advocacy efforts (Ratts & Hutchins, 2009). An absence of professional advocacy would lead to the demise of the counseling field, which would

consequently result in an absence of counseling professionals available to engage in SJA and client advocacy.

ACA Advocacy Competencies

The ACA published advocacy competencies in 2002 in an effort to provide direction for addressing the increasing issue of social justice (Lewis et al., 2003; Toporek, 2011). The ACA advocacy competencies define three levels of involvement; student/client, school/community, and the general public. The competencies are used to outline roles and responsibilities for advocates of social change, and encourage empowerment strategies, barrier identification, relationship identification, and collaboration (Lewis et al., 2003; Toporek, 2011). The advocacy competencies emphasize economic and cultural factors, sharing information, and the importance of engaging in social and political advocacy (Lewis et al., 2003; Toporek, 2011). These competencies function as a guide in advocacy work with diverse populations, various settings, as well as in specialty areas (Ratts, Toporek, & Lewis, 2010). Though the ACA advocacy competencies are primarily applicable in the social justice and client advocacy context, they have been used as a conceptual framework in prior professional advocacy research such as in de la Paz's 2011 study.

Social Justice and Client Advocacy

There has been an influx of research conducted on social justice and client advocacy. According to the organization Counselors for Social Justice (CSJ; 2013), advocacy in this context includes promoting human development, promoting empowerment of the individual, and confronting injustice, inequality, and oppression.

One of the major pioneers of this movement is Clifford Beers who is responsible for the implementation of the mental hygiene movement (Kiselica & Robinson, 2001; Parry, 2010), and in more recent years, Manivong Ratts, Rebecca Toporek, and Judith Lewis (2010), who have written extensively on the ACA Advocacy Competencies described in the preceding paragraph. The literature of these researchers, and other selected works, are outlined below beginning in the year 2009 to 2014. For the purposes of this review, social justice and client advocacy is defined as “the promotion of equity for all people and groups for the purpose of ending oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems” (ACA, 2014a, p. 21; Lewis et al., 2011).

Dean (2009) developed the Social Justice Advocacy Skills Survey (SJASS) as part of a 2009 doctoral dissertation. The goal of this research was to guide advocacy training in counseling and counseling psychology curriculum and to identify skills ideal to include in training. The researcher collected 112 usable surveys of graduate students in counseling and counseling psychology programs. The sample was 83% female, 17% male, one participant who chose not to report gender; and primarily consisted of European American individuals (76%). The instrument for this quantitative study was comprised of 117 questions including sections on demographics, client empowerment, client advocacy, community collaboration, systems advocacy, public information, and social/political advocacy rated on a 7-point Likert-type scale. Data was analyzed using exploratory factor analysis (EFA), and results demonstrated social justice advocacy is

largely based on four components: collaborative action, social/political advocacy, client empowerment, and client/community advocacy.

McMahan, Singh, Urbano, and Haston (2010) examined 16 professional school counselors, twelve women and four men, between 27 and 56 years of age using a grounded theory qualitative approach. The researchers employed semistructured interviews with the intention of exploring racial, feminist, and advocacy identity development in school counselors as advocates for social justice. Data was open-coded by the researchers with the goal of identifying ideas, concepts, or themes, followed by axial coding in which subcategories were created, and lastly, selective coding to define overarching categories. The researchers determined multiple factors influenced social advocacy involvement in the school counselor setting including; racial identity, self-reflection, feminist style, personality, experiences, beliefs, and emotions.

Parikh, Post, and Flowers (2011) conducted a study on 298 members of the American School Counselor Association (ASCA) to determine if belief in a just world (BJW), religion, political identification, socioeconomic status (SES), and race predicted social justice advocacy attitudes. In this quantitative nonexperimental study the researchers used a 13-item multiple choice demographic questionnaire, and the Social Justice Advocacy Scale (SJAS) self-report with 82 questions concerning advocacy behaviors conducted on behalf of oppressed populations. The researchers also used the Global Belief in a Just World Scale (GBJWS) measure to assess respondent's views on justice. The GBJWS is composed of seven items on a 6-point Likert-type scale ranging from 1 (*strong agreement*) to 6 (*strong disagreement*) for a total score between 7 and 42.

The population in this study was primarily Caucasian (83.6%) and was comprised of 251 (84.2%) females, and 47 (15.8%) males. The majority of respondents (46.6%) hailed from the middle class and had one to three years of experience in the counseling field (35.9%). The researchers conducted a sequential multiple regression using Statistical Package for the Social Sciences (SPSS) 15.0 and determined SJA was positively related to political ideology, and religious ideology, but inversely related to BJW. Race and socioeconomic status were determined to bear no consequence to advocacy attitudes. This research validates the use of predictor and outcome variables in counseling advocacy research. The results also endorse the use of a regression analysis to interpret data.

Beer, Spanierman, Greene, and Todd (2012) employed a mixed methods approach to examine the level of social justice commitment in 267 counseling students. The quantitative portion of this study consisted of 260 students while 7 students were included in the qualitative portion. The sample included 83.5% women, 16.5% men, and was 71.2% European American. The remaining participants self-identified as Asian/Asian American (8.8%), Black/African American (6.2%), Hispanic/Latino-non-White (5.4%), biracial (4.6%), and other (3.8%). The researchers used a quantitative web-based survey containing demographics, the Activism Orientation Scale (AOS), the Confronting Discrimination (CD) subscale of the Social Issues Advocacy Scale (SIAS), the Climate and Comfort subscale of the Multicultural Environmental Inventory-Revised (MEI-R), and the Spirituality Assessment Scale (SAS) in combination with interviews which supported the phenomenology-based qualitative portion. The researchers used a

hierarchical regression analysis of survey data and thematic analysis of interview data. Researchers determined social justice values and behaviors, and political and spiritual values, can be important in the support of social justice efforts. Researchers also identified three primary themes: *necessarily political*, *voice and confrontation*, and *struggle* from the qualitative portion of the study. Results indicated perception of the training environment predicted the level of social justice commitment. This study further reinforces the use of predictor and outcomes variables in advocacy research.

In a qualitative grounded theory study, Bradley, Werth, Hastings, and Pierce (2012) examined the advocacy efforts of rural mental health professionals in relation to social justice advocacy and influencing factors. The researchers interviewed eight participants, six women, and two men using a semistructured interview method to document the experiences of rural mental health professionals and determine factors that influenced involvement in advocacy efforts. The researchers used their own observations as rural mental health professionals, the existing literature, and consultation with other practitioners to identify seven primary themes: the benefits of working in rural areas, challenges of working in a rural area, social justice activities, refusal of advocacy requests, barriers to engaging in advocacy, participation in advocacy, and community ties. The researchers determined factors that can assist or limit advocacy efforts based on each primary theme include, respectively, relationships with other professionals, dual relationships, belief in social justice issue, inability to fulfill advocacy request, time, sensitive topics in which involvement can be viewed as harmful to one's professional reputation, and being an outsider.

McCarther, Davis, Nilsson, Marszalek, and Barber (2012) conducted interviews on 18 participants, twelve male and six female, to determine the characteristics of social justice advocates, and how school leaders can foster the development of social justice advocates. In this qualitative inquiry, the researchers asked participants to identify characteristics of social justice advocates, explain how can school leaders foster growth and development of social justice advocates, consider what question(s) the participants would ask potential employees to assess their social justice and advocacy commitment, and to consider what implications social justice advocacy carries for school leaders and preparation programs. Researchers determined desirable traits included; nurturing, empathy, sensitivity to injustice, and behaviors such as initiating action, willingness to operate alone, and commitment to children. In addition, researchers found counselors are unsure how to foster the development of advocates, but are most interested in a potential employee's competency and commitment and would assess this by outlining a hypothetical situation and evaluating the applicants response. Participants also expressed the need for a tool to assess social justice advocacy for use in candidate screening, placement of candidates, and tracking progress of candidates.

Recognizing the role SJA and client advocacy has played within the counseling field is important in order to fully understand the necessity of all forms of advocacy. SJA and client advocacy processes have provided the counseling field with knowledge, strategies, and frameworks that are also applicable to professional advocacy (Chang et al., 2009). The next section of this chapter will further explain the foundation of

professional advocacy in the counseling field, and proceed with an summary of prior advocacy research in the professional context.

Defining Professional Advocacy

Professional advocacy is the act of advocating on behalf of the counseling profession (ACA, 2014a; CACREP, 2009). Professional advocacy can be described as action intended to improve the field of counseling (ACA, 2014a) through targeting barriers impeding the field such as parity, scope of practice, and licensure (Trusty & Brown, 2005; Heinowitz et al., 2012), or other professional issues. Professional advocacy is important for all members of the counseling field in order to strengthen the collective professional identity as a professional counselor, compete with other mental health professions such as psychology and social work, and increase employment and professional development opportunities for professional counselors (Chang et al., 2009). Through researching this topic, additional literature was added to the knowledge base that may assist in guiding future professional advocacy efforts in CEs.

The Importance of Professional Advocacy

Professional advocacy is important for the survival of the counseling field and is necessary in order to promote the livelihood of the counseling profession. The act of professional advocacy has helped increase job opportunities, clarify misinformation, bolster professional identity (de la Paz, 2011; White & Semivan, 2006), improve counselor image and increase confidence in the profession (Myers & Sweeney, 2004; de la Paz, 2011), increase insurance reimbursement, increase budgets dedicated to mental health (de la Paz, 2011; Eriksen, 1999), and compete with other mental health professions

(de la Paz, 2011; Gale & Austin, 2003). Section IV of the PCAI, *Importance for and Need to Advocate* (de la Paz, 2011), includes scaling questions on the opinions of the importance to advocate, importance of public image and perception, importance of insurance coverage, importance of increasing jobs, and the importance of self-advocacy as relevant advocacy needs. The majority of professional counselors (89.5%) *agreed* or *strongly agreed* professional advocacy is important (de la Paz, 2011). Furthermore, organizations such as CSI and the NBCC (2012) note the importance of advocating professionally in order to continue advancement in the field (CSI, 2014d), and both organizations actively engage in efforts to further the field (NBCC, 2012).

Professional Identity, Roles, Fields, Skills, and Qualities

Professional identity. Belonging to a group has been demonstrated to play a significant part in the professional identity development of an individual (Mackie & Smith, 2015; White, 2009). Counselors with a strong professional identity, described as beliefs and actions stemming from counseling discipline philosophy and values (Gazzola, De Stefano, Audet, & Theriault, 2011), are more likely to engage in advocacy on behalf of the profession (Eriksen, 1999; Reiner et al., 2013), and are more likely to take action to defend perceived attacks on the profession (Remley & Herlihy, 2014). The professional identity of a counselor stems from professional experiences, training, supervision, role models and mentors, consistency with personal values, acceptance into the professional community, and expertness (Gazzola et al., 2011). Many researchers have examined the importance of professional identity as an indicator of involvement in professional advocacy (Calley & Hawley, 2008; Eriksen, 1999; Luke & Goodrich, 2010; Myers &

Sweeney, 2004; Reiner et al., 2013; White, 2009). Professional advocacy is encouraged as part of ACA standards (2014a), ACES best practices (ACES, 2011), CACREP (2009) standards, the CSI advocacy themes (2014b), and as part of the NBCC (2012) foundation mission, emphasizing how involvement in a professional group can influence professional action. Involvement in professional advocacy activities strengthens the professional identity of a professional counselor (Reiner et al., 2013), as well as increases a professional counselor's pride in the profession (Chang et al., 2009). Professional identity and group membership helped inform the outcome in this research.

Professional identity: Roles versus fields. As it has been established professional identity is an important element of the counseling profession (Gazzola et al., 2011), and one of the primary pieces of this research is the professional identity of a CE, it is critical to explain the various professional identities within the counseling field. In order to differentiate the CE professional identity from other professional titles, descriptions of some of the most common identity options are discussed below. As a precursor to this discussion, it is vital to note that a professional counselor's identity can be equated to their role in the field. For example, an individual can be referred to as a mental health counselor for their professional title as well as for the role they serve within counseling, whereas their field may be mental health counseling.

Within the counseling field, there are many professional identities, also referred to as an individual's role, such as mental health counselor (MHC), substance abuse counselor, CE, marriage and family counselor (MFT), professional school counselor, rehabilitation counselor, supervisor, and other areas. CACREP (2014a) noted the field of

mental health counseling, or what is now commonly referred to as clinical mental health counseling (CMHC), was designed with the diagnosis and treatment of many mental and emotional disorders in mind. In addition to diagnosis and treatment, mental health counseling also targets prevention to promote overall mental health and wellness. The field of substance abuse counseling, sometimes referred to as addictions counseling, focuses on treatment, prevention, recovery, and relapse prevention of individuals who have an addiction to alcohol, drugs, and other addictive substances (CACREP, 2014a). Though sometimes lumped together, counselor education and supervision have differing purposes. According to the ACA (2014a), whereas CEs are responsible for educational preparation such as in coursework and continuing education, supervisors are responsible for overseeing skill and practice. For the purposes of this research, those who self-identify as a CE were eligible as participants, this included current doctoral students in counselor education and supervision (CES) programs. The field of marriage and family counseling uses a circular, or systems approach to work with couples and families. The primary focus of marriage counseling is relationship issues, however, other mental health issues may also be addressed. Professional school counseling, or simply school counseling, focuses on counseling with minor children ranging from elementary age through high school facing issues related to academics, career, and personal or social development (CACREP, 2014a). Lastly, rehabilitation counseling has a focus on empowering individuals with disabilities to assist them in being self-sufficient and independent, in order to function effectively within society (Council on Rehabilitation Education [CORE], 2014). Other professional counseling areas of interest may include

student affairs and college counseling, in which the focus is counseling higher education; gerontological counseling, the act of working with the elderly population on issues related to psychological, biological, and socio-cultural; or career counseling, in which the primary objective is to assist individuals in deciding on a career path based on their education, skills, interests, and personality (CACREP, 2014a). Though many subfields of the counseling discipline were described above, this list is not all-inclusive, and as professional counseling is still emerging, there is the potential for new specialties to be created based on the needs of individuals served.

Professional advocacy skills and qualities. The literature reflects a consensus on advocacy skills naming communication, effective listening, flexibility, interest, realistic expectations, and passion as skills and qualities necessary for the facilitation of effective professional advocacy (Eriksen, 1999; Field & Baker, 2004; White & Semivan, 2006; de la Paz, 2011). Section II of the PCAI, Professional Advocacy Skills and Qualities (de la Paz, 2011), developed by an expert panel, also noted an educational approach, acceptance, relationship building, emotional independence, realistic goals, time management and organizational skills, public speaking, and writing skills as necessary skills and qualities for professional advocates. Personal qualities assessed in Section II of the PCAI include interest and passion, commitment, resilience/persistence, insistence, lifelong learner, and self-confidence (de la Paz, 2011).

Professional Advocacy Themes

The International Professional Counseling Honor Society, CSI (2014b), developed six themes related to professional advocacy; counselor education, intra-

professional relations, marketplace recognition, inter-professional relations, research, and prevention/wellness. The most important themes in relation to this study are Theme A: Counselor Education, and Theme B: Intra-professional Relations.

Theme A: Counselor Education. This theme was designed to assist in the goal achievement of a clear CE identity and pride as a professional counselor; *Theme A* contains eight objectives. The eight objectives include: primary identity as a CE for all faculty, students identify as professional counselors, students maintain knowledge and respect for counseling, counselor education faculty maintain appropriate licensing and credentialing as professional counselors, CEs are active in professional organizations and encourage students to do so, counseling programs will pursue CACREP accreditation, counselor education programs incorporate client and profession advocacy into curriculum, and counselor education graduates maintain eligibility for professional counselor credentials (CSI, 2014c).

This theme is relevant to this research as the focus is on professional advocacy in the CE population, the emphasis on professional identity, and the encouragement of participating in professional organizations whose missions are consistent with promoting the counseling field.

Theme B: Intra-Professional Relations. This theme was intended to aid in the development and implementation of a unified, collaborative advocacy plan for the advancement of counselors and the clients they serve. The three objectives of this goal call for professional counseling associations to agree upon a common identity to

articulate publicly, to proactively collaborate on advocacy projects, and to be unified in seeking counselor-related legislation at state and national levels (CSI, 2014d).

This theme is relevant to this research in that there is a push for professional counselors and counseling organizations to engage in professional advocacy efforts as part of a counselor professional identity.

The four remaining themes are Theme C: Marketplace Recognition, Theme D: Inter-professional issues, Theme E: Research, and Theme F: Prevention/Wellness. Theme C: Marketplace Recognition calls for fair compensation for counseling services and an end to limitations on practice. Theme D: Inter-Professional Relations asks professionals to establish collaborative relationships with entities that have mutual interests with the counseling field in order to facilitate professional advocacy efforts. Theme E: Research calls for counselors to employ and research evidence-based practices. Theme F: Prevention/Wellness was designed to encourage the promotion of human development with an emphasis on prevention and wellness (CSI, 2014b).

Though these four themes are related to professional advocacy, they were determined to be unrelated to the primary focus of this project and was not discussed in depth for the purposes of this research.

Professional Advocacy

Along with the organizations whose mission and/or guidelines include promotion of professional advocacy, ACA (2014a), ACES (2011), CSI (2014b), CACREP (2009), and the NBCC (2012), there are major professional counselor proponents of professional advocacy including Tom Sweeney, founder of CSI, who was responsible for helping the

CACREP become recognized as an organization with the authority to superintend the counseling profession. Jane Myers, a past executive director of CSI, is an advocate who was responsible for the promotion of the counseling profession as a past ACA president (CSI, 2014a). The works of these advocates/researchers, and others dating back to 1999, are described below in an effort to outline the most pertinent prior professional advocacy research literature.

Eriksen (1999) interviewed 28 experienced advocates in professional counseling to conduct a qualitative ethnographic study. The participants were comprised of 14 females and 14 males. Fourteen participants were between ages 40 and 49, seven between ages 37 and 39, and seven over 50 years old. Two participants reported being members of an ethnic minority group. The purpose of this study was to develop a broad understanding of professional advocacy including actions, thoughts, identity, essential elements, and strategy choice. Eriksen used participant observation, interviewing, and document analysis and analyzed the data using The Ethnograph software to establish themes and categories. Eriksen noted a participant's skills, values, personalities, and professional identity were essential advocacy elements. Other findings note the advocacy process is crucial to implementation of advocacy, advocacy motivation is often prompted by a perceived problem, planning and strategizing are essential to success, and additional training as common themes in professional advocacy. In addition, several barriers were identified; reluctance as a factor that negatively impacts advocacy effectiveness, and a perceived lack of resources. This research highlighted the focus on professional advocacy

at the end of the 20th century and helped outline skills, values, and professional identity as important factors in professional advocacy efforts.

Field and Baker (2004) conducted a qualitative inquiry using semistructured interviews with nine school counselors in a focus group setting. All of the participants were female with a mean age of 45. Six participants self-identified as European American, and three identified as African American. This qualitative study sought to answer six questions: how the interviewee defines advocacy, what advocacy meant to the interviewee, what the interviewee considered to be the most important advocacy behaviors, what evidence the participant could provide they valued advocacy in practice, how the interviewee learned to be an advocate, and how the interviewee's environment strengthened or inhibited the ability to operate as an advocate. Data was collected during interviews in two focus groups throughout which the researchers identified multiple themes; counselor commitment; behaviors such as writing letters, and communicating with decision makers; supporting counseling colleagues, and advocating for the profession. Participants reported they gained advocacy knowledge through training, counseling programs, continuing education, modeling and experiential learning. Respondents reported positive feedback from community agencies as evidence of the value of advocacy in practice. The results are important because they highlighted relevant behaviors in professional advocacy, and outlined the ways counselors gain advocacy knowledge, including in counseling programs.

Myers and Sweeney (2004) conducted a nonexperimental quantitative survey study on 71 members belonging to the ACA Governing Council, state branch presidents,

or ACA division presidents. Of the 71 respondents, 25 identified as counselors, 15 as CEs, and 31 marked other. The purpose of this study was to gather information upon which to guide professional advocacy plans as well as determine a way to measure the success of future advocacy efforts. The survey contained categories encompassing demographic information, the nature of advocacy efforts of the respondent's respective organizations, the success of advocacy in the participant organizations, the perception of professional advocacy needs, the resources needed by the organization to engage in effective advocacy, obstacles impeding effective advocacy, and perceptions of the importance of advocacy. The researchers used descriptive statistics to analyze the participant's responses. Results from this study indicated there is a perceived need to improve the image of counselors, an increase in advertising counseling services is needed, inadequate resources are devoted to advocacy, and the majority of the leaders surveyed believe advocacy is important. This research emphasized the importance of professional advocacy in the counseling realm and demonstrates a need for further information to guide advocacy efforts.

White and Semivan (2006) conducted a pilot study using 24 participants with the goal of defining advocacy and distinguishing between professional advocacy and client advocacy. Participants were 66% female and 34% male, with an age range between 30 and 59 years. This qualitative study asked participants to develop lists including the components the participants deemed important to advocacy, reasons advocacy skills are important to learn, and to describe ways in which they advocated successfully. Researchers identified the main components of advocacy as knowledge/skill level,

interest and passion, collaboration, action, and research. Researchers concluded the purpose of professional advocacy is to promote the profession and strengthen a professional identity. Researchers also determined actions that aid successful advocacy efforts include involvement in professional organizations, research and publishing, promoting knowledge of the field, and action political in nature. This research drew attention to the skills needed for advocacy, as well as the importance of learning those skills, and actions through which knowledge of advocacy can be disseminated.

Calley and Hawley (2008) examined the professional identity of 70 CEs from 40 different counselor education programs using a nonexperimental survey study. Participants were comprised of 37 females and 33 males. Six percent of the participants were between the ages of 25-35, 14% were between the ages of 36-45, 42% were between the ages of 46-55, 34% were between the ages of 56-65, and 4% were over 65 years of age. Data was collected using the CEs: Professional Identity and Current Trends Survey which included 24 forced choice items and 6 closed question items for a total of 30 items. The researchers inquired about the respondents training and credentials, theoretical orientation, professional affiliation, professional activities, courses taught, and career choices in an attempt to identify what factors contribute to professional identity. The data was analyzed using SPSS 11.5 to calculate frequency, mean, and cross tabulations. The researchers determined training, education, professional membership, and theoretical orientation affected the level of participation in advocacy, as well as how often CEs discussed professional identity development. This research is relevant in that it

used a similar population as the current research and examined professional identity which is a component of SIT.

Gronholt (2009) completed a dissertation that examined the differences between faculty and graduate students in legislative advocacy. The purpose of this nonexperimental survey study was to identify faculty and student barriers to advocacy participation. Participants were comprised of graduate students seeking Doctor of Psychology (PsyD) degrees, and full-time and adjunct faculty holding PsyD or PhD (Doctor of Philosophy) degrees currently teaching in psychology graduate programs. There was a total of 159 participants, 112 women and 47 men, 35 (22%) of which were faculty, and 124 (78%) of which were graduate students. The age of the students tended to be younger than the age of the faculty with the majority of students (59%) between the ages of 26 and 35 years, and the majority of faculty between 46 and 55 years of age. Respondents were comprised of Caucasian (88.1), African American (5%), Hispanic (3.8%), Native American (1.3%), Asian or Pacific Islander (1.3%), and 1 bi-racial respondent. The primary environment for the respondents was urban (73%); and respondents self-identified with political orientations of somewhat liberal (30.2%), very liberal (28.3%), moderate (23.9%), somewhat conservative (12.6%), and very conservative (5%). The data for this study was collected using a 4-point Likert-type scale survey aimed at exploring advocacy attitudes, participation in advocacy, advocacy activities, and professional advocacy participation on a scale from *very relevant* to *very irrelevant*, in addition to multiple choice questions concerning demographics such as gender, age, ethnicity, degrees held, and political orientation. A preliminary version of

the researcher designed survey was distributed to four doctoral psychology students with the intent of receiving feedback to improve the survey. The updated version of the survey was distributed and data collected was analyzed using descriptive statistics, *t*-tests, and stepwise multiple regression. The researcher confirmed faculty had significantly more advocacy experience in comparison to students, faculty participated in advocacy efforts more frequently than students, and faculty donated more money to advocacy causes than students. The researcher determined the variables; awareness, interest, opportunity, and competency significantly predicted participation in professional advocacy. This research demonstrates the advocacy habits of individuals in educator positions differs significantly from students, suggesting the importance of advocacy may also be viewed differently in CEs as the current study aims to determine.

Kindsfater (2009) completed a dissertation that investigated factors that influence psychologists' participation in professional advocacy. The goal of this study was to describe professional advocacy in a sample of American Psychological Association (APA) members. In this quantitative prediction study, the researcher used the Survey of Psychologists' Professional Advocacy Activities, Sources of Information, and Encountered Barriers to collect background information using 11 fill in the blank demographic questions in Section I; 12 questions to gauge professional advocacy activities, methods, opinions, and barriers using a 7-point Likert-scale ranging from 1 (*not important*) to 7 (*extremely important*) in Section II; and an open-ended comment area in Section III. There were 155 usable surveys returned; the majority of respondents were female (61.9%). Participants were between the ages of 19 and 78, with the most

common age range between 50 and 59 (29). The majority of participants identified as Caucasian (86.5%), and had completed a PhD (83.9%). The majority of respondents identified their primary field as clinical/counseling (77.4%), and as a result were focused on clinical practice (63.2%) as their primary job. The average amount of years the respondents were members of the APA was 18.51. The researcher used a multiple regression to analyze the data and using the results created a correlational matrix. The researcher also analyzed the data using an ANOVA with post hoc analysis, and an independent-samples *t* test to identify differences between groups. The researcher determined 79.4% of respondents participated in professional advocacy at some point prior to their completion of the survey. Among those that had not participated in professional advocacy, barriers that were most often cited included lack of time, not a priority, and lack of training. The researcher determined level of involvement in organizations, and years of membership in APA significantly predicted higher rates of advocacy participation, as did the primary job of the respondent. The researcher also found the importance of advocacy in clinical practice received the highest rankings of importance relative to three other advocacy importance inquiries; advocacy to science, advocacy to education, and advocacy to self. The researcher used variables to predict outcomes in professional advocacy research in the mental health field of psychology. This study demonstrates a regression analysis has been used to interpret data that employed predictor variables similar to those in the current study.

Lange (2009) developed the Lange Profession Advocacy Scale (LPAS) as part of a pilot study conducted prior to its use in a doctoral dissertation aimed at determining

whether a relationship was present between ACA members' professional affiliations and advocacy attitudes. This quantitative study employed the LPAS, a 39 question multiple choice survey, containing questions regarding the respondent's advocacy attitudes and attempts, and demographic questions addressing professional status, degree, years of experience in the counseling profession, attendance at the ACA Legislative Institute, school accreditation status, student status, and professional organization affiliation status. The LPAS was assessed using Rasch Principal Components Analysis (RPCA) to indicate reliability and validity and was determined to have 98.9% unidimensionality. This study used members of ACA to obtain 563 valid responses. Of the 563 respondents, 23.1% held master's degrees, 5.5% were current doctoral students, 13.7% were limited licensed professional counselors (LLPC), 24.4% were licensed professional counselors (LPC), 4.6% school counselors, 7.5% CEs, 2% were unemployed at the time of the study, and 5.7% marked other. The participants ranged in counseling experience from 0 to 55 years. The majority of respondents (69.4%) attended a CACREP accredited master's program, 16.3% indicated they did not attend a CACREP accredited master's program, 3.9% of respondents were unsure if their program was CACREP accredited, 2.5 chose not to answer the question, and 7.8% of the individuals did not have counseling degrees. Analysis was conducted using *t*-tests, ANOVAs, and stepwise multiple regression which revealed multiple characteristics that correlate with higher advocacy scores; CACREP accreditation, years of experience, and professional organization affiliations. This research highlighted the importance of the relationship between characteristics and

advocacy involvement, as well as provided an additional potential instrument with which to measure advocacy attitudes and efforts.

White (2009) completed a dissertation focused on advocates for the counseling profession. In this qualitative inquiry, White employed an exploratory case study to investigate the experience of counselor advocates, while hoping to simultaneously increase awareness for professional advocacy. The participants consisted of eight female participants, 27–59 years of age. Seven of the participants identified as White, while the remaining participant identified as multiracial. Five of the participants held master's degrees, two were currently in doctoral programs, and the last had an earned PhD. Years of experience ranged from beginning counselors with 0-3 years, to upwards of 15 years of experience. The researcher interviewed the eight participants face-to-face, asking how the participants defined professional advocacy, inquiring what led to their interest in advocacy, what meaning the participants assigned to advocacy, experiences advocating for the profession, advocacy methods, advocacy activities, and their process of advocacy. The data was transcribed and coded categorically using inductive and deductive approaches resulting in a code list. The researcher identified four major themes important to the development of counselor advocates; education, mentorship, professional aspects, and personal aspects. Two of the major themes were examined further and broken into subthemes of professional involvement and professional identity for the professional aspects theme, and passion, fear, sense of responsibility, confidence, and personal experiences for the personal aspects theme. This research demonstrated personal and

professional qualities influence the professional identity development of a professional counselor advocate.

Luke and Goodrich (2010) discussed leadership, advocacy, and professional identity in 15 CSI leaders using grounded theory. Participants consisted of 11 women and four men, including 10 European Americans, one Asian, two Latinos, and two biracial participants between the ages of 25 and 47. The researchers of this qualitative study used a 38 question semistructured interview protocol over a period of five months with the purpose of exploring the professional identity development of beginning career counselors who are also involved in CSI chapter leadership. Data was analyzed through transcription, comparative analysis, and coding to identify themes. The researchers determined personal characteristics such as attitudes, beliefs, values, and skills, in addition to experience, positively influenced the perception of the participant's leadership ability, improved their professional identity, and facilitated the promotion of advocacy. This research demonstrated how professional identity and participant characteristics can influence involvement in advocacy.

De la Paz (2011) explored professional counselors perceptions of barriers when participating in professional advocacy during the development of the PCAI. This dissertation was a nonexperimental quantitative study that used the ACA advocacy competencies as a framework. The researcher collected data on 390 total participants, 81 males and 309 females, for the purpose of determining professional counselors perceptions of their level of knowledge, skills and qualities, involvement in professional advocacy, importance and need for professional advocacy, barriers in engaging in

professional advocacy, and support related to professional counselor advocacy. There were 27 African American participants, 4 Asian American/Pacific Islander participants, 328 European American participants, 12 Hispanic/Latino participants, 3 Middle Eastern participants, 4 Native American/American Indian participants, and 12 identifying as other. The data was collected using the PCAI, and subsequently analyzed using a Pearson product moment correlation (Pearson's r). The majority of respondents (139) reported they *somewhat* knew how to advocate for the profession while 207 participants gained advocacy knowledge through their counseling program, publications (307), conferences (250), or witnessed advocacy modeled by others (300). Respondents *agreed* interest/passion (132), commitment (148), resilience/persistence (143), and self-confidence (178) were qualities necessary to conduct professional advocacy. Of the 390 participants, 221 respondents *strongly agreed* advocacy for the profession is important. De la Paz (2011) noted the majority of professional counselors possess advocacy knowledge and skills, were involved in professional organizations, believe advocacy is important, noted time as a barrier, and found the most advocacy support through colleagues. The results were important because this study provided the normed questionnaire being used for the current research and helped identify preliminary research on how professional counselors rate the important of advocacy.

Mellinger and Kolomer (2013) conducted a nonexperimental quantitative study on 72 organizations to determine factors that predicted advocacy participation in socialwork human service nonprofit (NPO) groups. Data was collected using an online survey with close-ended questions about organizational characteristics such as age of

organization, budget, revenue sources, amount of staff, populations served, and number of employees. In addition to demographics, a five-item scale was also used to inquire about advocacy participation, targets of advocacy, and institutionalization indicators. The majority of organizations (87.5%) were non-denominational, with an average agency life of 32 years. Most of the revenue the organizations received was through government funding, and half of the organizations (87.5%) had budgets below \$500, 000. The researchers used descriptive statistics, inferential statistics, logistic regression, and multiple regression to determine legal knowledge and funding predicted participation in legislative advocacy. Interestingly, the researchers determined the overall participation in advocacy activities was *extremely low* at state, federal, and local levels. This study demonstrates variables have been used to predict outcomes in professional advocacy research in the related mental health field of socialwork, and regression analyses have been used to interpret the data.

Reiner et al. (2013) examined the professional identity of 378 CEs using a nonexperimental survey study with the goal of collecting educator's perceptions about fragmentation in the field of counseling, and perception of whether fragmentation has an impact on advocacy efforts related to legislature. Participant demographics included 214 females and 164 males, with 243 participants teaching in CACREP programs, and all self-identified as CEs through membership in ACES. Data was collected using a 53 item survey consisting of professional identity issues, namely factors contributing to a singular professional identity. Data was analyzed using descriptive statistics, an ANOVA, Pearson's *r*, and chi-squares. Findings indicated CEs agreed a strong professional identity

is necessary to engage in effective advocacy, however, there was less agreement regarding the inclusion of identifying multiple mental health professionals as *counselors* with respondents preferring a singular profession. Results also indicated the majority of CEs are inactive in advocacy efforts and counselor identity plays an important role in deciding how advocacy efforts are displayed. This research provided a glimpse of the professional identity of CEs and how professional identity might impact professional advocacy involvement.

Mellinger (2014) conducted follow-up analysis to Mellinger and Kolomer (2013) with the intention of exploring agency, legal, and community advocacy. The researcher used data collected from 72 NPOs during the initial quantitative nonexperimental survey to further examine additional predictor variables; formalization, restricted funding, professionalization, and knowledge of lobbying laws. The sample characteristics remained consistent with the original study; organizations were 87.5% non-denominational, and operating, on average, for 32 years. The majority of revenue received was through the government, and 87.5% of organizations operated with budgets below \$500, 000. The information was collected during the original survey; an online measure containing close-ended questions, and a five-item scale used to inquire about characteristics of the organizations such as the age of organization, budget, revenue sources, amount of staff, populations served, number of employees, advocacy participation, targets of advocacy, and institutionalization indicators. Consistent with the original study, the researcher conducted descriptive statistics, inferential statistics, logistic regression, and multiple regression. The researcher determined, similar to the

initial study, knowledge of lobbying laws was a significant predictor of agency and community advocacy, though none of the predictor variables proved to be significant factors in legal advocacy. This study established predictions can be made in professional advocacy research using demographic and other background variables. As exhibited in this study, regression analyses can be used to interpret data in which one variable is being used to predict another variable.

Summary and Conclusions

The available literature on professional advocacy has limited information on CEs in the context of advocacy importance. Prior research on professional advocacy has examined professional identity and advocacy characteristics (Calley & Hawley, 2008; Eriksen, 1999), investigated methods to measure the success of future advocacy efforts (Myers & Sweeney, 2004); explored the definition of advocacy (Field & Baker, 2004); and identified important components of advocacy (White & Semivan, 2006). In addition, researchers have explored the theoretical orientation, professional affiliation, professional activities, courses taught, and career choices of CEs in relation to level of advocacy participation (Calley & Hawley, 2008); explored advocacy attitudes and action (Lange, 2009); and studied the professional identity development of career counselors and the promotion of advocacy (Luke & Goodrich, 2010). Researchers have also identified barriers to participating in professional advocacy (de la Paz, 2011; Gronholt, 2009); determined factors that predict advocacy participation (Kindsfater, 2009; Mellinger, 2014; Mellinger & Kolomer, 2013), and probed the impact of professional identity on advocacy efforts (Reiner et al., 2013; White, 2009). Major themes present in the literature

are the impact professional identity has on a professional counselor, important components such as skills and qualities that make counselors successful in advocacy, and advocacy participation in counselors.

Though some of the studies outlined above contain research that has investigated individuals belonging to the counselor education field, or elements of assessing perceived importance, this was done as a secondary or tertiary purpose to the primary goal of that research. What is not known is the perceived importance of advocacy in CEs; this has not been explicitly studied in this population. This study aimed to fill this gap by examining the perceived importance of advocacy in the CE population. This lack of information is problematic because without this knowledge, there is minimal evidence-based literature providing guidance for CEs as professional counselor advocates. This knowledge may help provide direction to increase the importance of engaging in advocacy, and promote effective advocacy for professional issues.

Chapter 2 provided an introduction, description of the literature research strategy; outlined SIT as the theoretical foundation, defined the theoretical assumptions of the theory, summarized studies using SIT, and provided a rationale for theory choice. Chapter 2 defined social justice and client advocacy, described the ACA advocacy competencies, and provided a summary of social justice and client advocacy. To summarize professional advocacy, chapter two included ways to define professional advocacy, discussed the importance of professional advocacy; described the meaning of professional identity, outlined advocacy skills and qualities, defined the CSI advocacy

themes; provided a summary of the professional advocacy literature; and summarized the components of Chapter 2.

Chapter 3, the Research Method, begins with an introduction, followed by research design and rationale, methodology, population, sampling and sampling procedures, procedures for recruitment, participation, and data collection, instrumentation and operationalization of constructs, operationalization, data analysis plan, threats to validity, ethical procedures, and a summary. The methodology used helped predicting the perceived importance of professional advocacy in CEs.

Chapter 3: Research Method

Introduction

The counseling vocation continues to need counseling professionals to advocate on behalf of the field (Chang et al., 2009). Determining if identification with a professional identity predicts advocacy perceptions, and identifying whether individuals in those counseling fields place a higher level of importance on this task, may help develop an improved course of advocacy action. The primary function of a CE is to pass knowledge to future professional counselors; this includes passing the values of the counseling field, such as the importance of professional advocacy, to new generations of counselors in order for the field to thrive (ACA, 2014a; ACES, 2011). Little research has been done to identify the importance CEs place on professional advocacy. This research aimed to fill that gap.

The research method is described in this chapter and includes the following sections: research design and rationale; methodology; population; sampling and sampling procedures; procedures for recruitment, participation, and data collection; instrumentation and operationalization of constructs; data analysis plan; threats to validity; and ethical procedures.

Research Design and Rationale

A quantitative regression study includes both predictor and outcomes variables. In this study, the population of interest was CEs, and the predictors of interest were CEs' specialty, gender, age, years of experience, and primary work setting. The outcome variable was the perceived importance of professional advocacy, which was analyzed

using five items from the PCAI. The CE's professional identity was determined through self-identification and included participants who are responsible for the educational preparation of professional counselors, regardless of their institution type or teaching focus. CE specialty, a CE's teaching focus within counselor education, was recorded using Question 71 on the PCAI, *primary specialty*. Perceived importance of professional advocacy was determined using responses to Likert-type scale questions on the importance domain of the PCAI. Specifically, questions 43-47 in the *Importance for and Need to Advocate* section of the PCAI (de la Paz, 2011). Covariates included in this study were gender, age, years of experience in the counseling field, and primary setting. These variables are thought to influence the outcome of professional advocacy research as evidenced by prior studies (de la Paz, 2011; Eriksen, 1999; Field & Baker, 2004; Kindsfater, 2009; Myers & Sweeney, 2004).

This study used a quantitative, nonexperimental design, which was consistent with the quantitative method of examining the relationship among variables (Creswell, 2009). This study used a questionnaire to gather numbered data, which was analyzed using statistical procedures. The goal was to determine if the predictor variables accurately predicted the outcome variables.

A nonexperimental design is consistent with using a quantitative measure to assess categorical data and opinions in a population. In addition, the questionnaire in this study employed a scaling instrument consisting of close-ended questions resulting in numeric data, a method also consistent with quantitative research (Creswell, 2009). The results of this study tested Tajfel and Turner's (1979) SIT to determine if professional

identity and demographic characteristics influenced the perceived importance of advocacy in respondents based on the intergroup behavior present in the population.

The questionnaire that was used in this study, the PCAI, was already been developed and normed for electronic use (de la Paz, 2011), eliminating the time it would have taken to develop a questionnaire using an expert panel and conduct a subsequent pilot study. The data for this predictive study was cross-sectional, collected during a single period in time (Creswell, 2009), therefore no follow-up essential to the goal of the study is required. The study was nonexperimental which eliminated the time it might have taken to conduct treatment on participants. The use of the PCAI questionnaire was provided gratis and presented no monetary or other resource challenges.

One of the primary deficiencies in the literature exists because this population has been mostly overlooked in relation to this topic. Few studies (Calley & Hawley, 2008; Reiner et al., 2013) have examined the perceived importance of professional advocacy in CEs, while limited studies have investigated the importance of advocacy in the counseling discipline at all (de la Paz, 2011; Lange, 2009; Myers & Sweeney, 2004). Of the noted studies conducted with the CE population and counseling profession, none restricted their examination to the variable of perceived importance of professional advocacy. In other words, it was not the principle interest of the investigator and was included as a secondary or tertiary finding. Due to the lack of focus on this variable in the CE population, there is little detailed empirical research available. Furthermore, the literature reviewed restricted to the counseling profession is split virtually evenly between qualitative and quantitative research methods. There were five reviewed articles

that used qualitative designs (Eriksen, 1999; Field & Baker, 2004; Luke & Goodrich, 2010; White, 2009; White & Semivan, 2006), and five articles that used quantitative designs. Four of the prior quantitative studies had minor involvement in dissecting professional advocacy importance research (Calley & Hawley, 2008; de la Paz, 2011; Myers & Sweeney, 2004; Reiner et al., 2013), and one additional quantitative study measured other elements of professional advocacy in the counseling field (Lange, 2009). This study aimed to add to the knowledge base on professional advocacy as the intended population has not been found to be investigated as an exclusive purpose of quantitative research efforts.

A quantitative design was the best way to examine the desired variables and the type of data that was collected using an instrument reflective of quantitative research. A nonexperimental survey design allowed me to sample a larger population than what qualitative research permits, and should allow for generalization of responses about attitudes and characteristics to the professional identity of CE. A survey design allowed me to collect data easily through an electronic medium for a rapid turnaround with low cost. This design also minimized agreement bias through the utilization of a Likert-type scale ("Survey Research," n.d.), provided anonymity to the respondents, and allowed for wide geographical reach (Frankfort-Nachmias & Nachmias, 2008), while helping to enhance the knowledge of this social issue ("Survey Research," n.d.). Using a survey helped advance the knowledge of the discipline by adding information about the target professional identity, CE; discover whether professional advocacy is perceived as important by members belonging to this professional identity, and provide guidance to

prioritize follow-up advocacy action based on the research outcomes (“Survey Research,” n.d.).

Methodology

Population

The demographic recruited and examined during data analysis for the purposes of this study were participants who self-identified as CEs. The participants were both male and female; of varying race and ethnicities; had varying disability statuses; were adults over 18 years of age; and possessed, at minimum, a master’s degree in counseling or a related field. The participants were from any of the 50 states or United States territories and had varying years of experience in the field. Thus, this study was generalized to counseling professionals who identify with the professional identity of CE, individuals whose primary function is the educational preparation of future counseling professionals (ACA, 2014a).

There are many thousands of CEs in the United States and its territories. As this profession is included in postsecondary education teachers in the Bureau of Labor Statistics (BLS; 2014) database, the precise number of CEs is not known at this time. The sampling frames that were included in this study have memberships consisting of several thousand individuals. At the time of this writing there were 63 Ph.D. and Ed.D. CACREP accredited counselor education and supervision programs listed in the CACREP directory (CACREP, 2014b). CE faculty in these programs were eligible to participate, and had the option to forward the study details to other CEs who may qualify for participation. As of November 2014 the CE and Supervisor network (CESNET) had a subscriber base of 2,

900 (Kent State Archives, 2014), and the ACA had over 55,000 members (Bray, 2014). Lastly, the research participant pool at a large for profit online institution had over 5,000 participants (Walden University, n.d.) available for research solicitation. Though the exact membership numbers of CESNET, ACA, and the participant pool were expected to fluctuate as members join, renew, or fail to renew, it was presumed membership remained near these values for a considerable period of time, at least for the duration of the data collection. It should also be noted only a portion of the members belonging to these organizations identified with the professional identity of CE. Some of the CACREP liaisons contacted from the CACREP programs declined to participate, and some members of CESNET, ACA, and the participant pool were master's students or otherwise ineligible to participate as defined in the inclusion and exclusion criteria. According to the membership report data set provided by the ACA, approximately 2,797 of the ACAs 55,000 members primarily identify with the professional identity of CE (ACA, 2014b), and not all were regular participants in ACA Connect, the medium through which the research was announced. It should also be noted some of the potential participants overlapped from the contacted CACREP accredited doctoral programs, ACA, CESNET, and the university pool, but were eligible to participate only once in the study which was emphasized in all subsequent solicitation following the first outreach. Based on the values described above, I conservatively estimated there were approximately 5,000 potential participants between the sampling frames who identified their primary professional identity as CE, though a large portion of these individuals choose not to participate in this study. Of the total amount of estimated potential participants, only a

portion were needed to conduct this study. I used G*Power 3.1.7 to approximate the necessary sample size out of an estimated 5,000 total CEs in the selected sampling frames.

Sampling and Sampling Procedures

The initial sampling strategy mirrors a nonprobability snowball method in that participants who have been identified as meeting the inclusion criteria have the option to forward the study details to individuals they believe may qualify (Research Methods Knowledge Base, 2006b). After the initial collection of data using this method, a systematic random sample was intended to be employed. The second sampling strategy, though not ultimately used, was chosen because it is a simple procedure, easy to implement, and ensures questionnaires used will be selected randomly for increased external validity (Research Methods Knowledge Base, 2006c), but was not used due to a low participant response rate.

The sampling frames in this research consisted of CACREP liaisons as listed on the CACREP website (CACREP, 2014b), the CESNET electronic mailing list, the ACA Connect forum, and the participant pool at a large online for-profit CACREP accredited university. The participants for this study were adults over 18 years of age, and possessed, at minimum, a master's degree in counseling or a related field. Potential participants that were excluded from data collection included counseling students who did not yet have a master's degree. Recruitment methods limited the participants to those who self-identified as CEs. Participants who may have otherwise qualified were

erroneously omitted if they did not belong or subscribe to the organizations used for recruiting or have Internet access.

The α level of this study, or probability of making a Type I error, was .05 (5%) which means there was a five percent chance an effect was detected when there was none. The β level, the probability of making a type II error, or determining there is no effect in the population when one does exist, was set at .20 (20%). Consequently, the power level ($1-\beta$), or ability to detect an effect, for this study was .80 (80%) which indicates an 80 percent chance of finding a statistically significant difference. The indicated alpha, beta, and power levels are consistent with the generally accepted values for nonexperimental research (Field, 2013). Based on the prior study using the PCAI (de la Paz, 2011), and r values, the desired effect size for this project was a small (.10) to medium (.30) effect (Field, 2013). Using the z test family logistic regression statistical test, the following data was entered into G*Power 3.1.7; alpha, power, and cumulative odds. Based on these values, G*Power 3.1.7 approximates the minimum necessary sample size at 91 for a medium (.20) effect size.

Procedures for Recruitment, Participation, and Data Collection

Potential participants identified through the sampling frames listed above were sent solicitation via electronic mail (e-mail), or an announcement in a forum for notice of the study, reflected in Appendix A. The notice included informed consent, a study description, a description of the questionnaire, the purpose of the study, the directions for completion, the participant inclusion criteria, a statement concerning anonymity and voluntary participation, the risks associated with participation, a link to the questionnaire,

researcher contact information, and the option to forward the study details to people they believed may have also qualified. Following Institutional Review Board (IRB) approval, potential participants were sent an initial request for participation with the information indicated above, followed by a second request for participation two weeks after the initial request, and a third request two weeks after the second request to allow six weeks for data collection after which the live survey was removed. The demographic information collected included gender, race/ethnicity, disability status, age, counseling license, primary specialty, primary work setting, state of residence, and years of experience in the counseling field.

A statement including detailed informed consent was provided with solicitation, preceding the start of the questionnaire. Participants indicated their consent by completing and submitting the electronic questionnaire.

Following IRB approval 12-09-14-0085099, potential participants received a generic request for participation. The volunteers were directed to a link via QuestionPro containing the PCAI questionnaire, included in Appendix B. After the participants reviewed the details and provided consent, they completed the 74 question inventory using their personal computer which should have taken approximately 15-20 minutes. Following submission of the questionnaire, the participants were thanked for their participation. Following completion of the data collection process, I retrieved the data from the online medium. The study procedures are outlined below.

1. Requested IRB approval.

2. Sent requests for participation after initial IRB approval via e-mail and postings in forums to the ACA Connect forum, Walden participant pool, CACREP program contacts, and CESNET listserve; solicitation included informed consent, a study description, a description of the questionnaire, the purpose of the study, the directions for completion, the participant inclusion criteria, a statement concerning anonymity and voluntary participation, the risks associated with participation, a link to the survey, researcher contact information, and the option to forward the study details to people they think may qualify.
3. Sent second request for participation to ACA and CESNET forum, participant pool, and CACREP contacts 2 weeks after initial request via e-mail and postings in forums as described in step 2.
4. Sent third request for participation via postings in ACA and CESNET forums four weeks after initial request (2 weeks after second request) including information described in Step 2.
5. Participants reviewed study details, completed questionnaire via QuestionPro at the following link <http://pcai.questionpro.com/>, and indicated consent by submitting completed questionnaire.
6. Data retrieved from QuestionPro.
8. Imported data to SPSS, cleaned up data with screening/transformation.
9. Data analyzed using SPSS 21.
10. Data interpreted and written-up.

11. E-mailed study write-up to stakeholders.

After participants completed the study voluntarily, the participants were thanked for their contribution and informed of how they can access the results after the completion of the study. There were no follow-up assessments or action required on part of the participants. The results of this study will be available in ProQuest if the participants wish to inquire about the outcome.

Instrumentation and Operationalization of Constructs

The PCAI was developed by de la Paz in 2011 as part of a doctoral dissertation concerning the perceptions of knowledge, barriers, support, and action regarding professional advocacy. The PCAI is a 74 item questionnaire containing six domains of professional advocacy competencies in addition to demographic characteristics (de la Paz, 2011). The PCAI includes sections designed to assess the respondents knowledge of advocacy, advocacy skills and qualities, advocacy efforts, importance of advocacy, barriers to advocacy, support for advocacy, as well as participant demographics. Scores on the PCAI indicate the level of agreement for each statement on advocacy ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), and in some instances, (0) *not applicable*.

The PCAI is the one of the only normed quantitative measures available to assess professional advocacy in counselors, and the only tool identified that features inquiries for all of the variables of interest in this study. The PCAI contains sections to identify and measure the predictor and outcomes variables; primary specialty of a CE, gender, age, years of experience, primary setting, and perceived importance of advocacy, respectively. It is important to clarify the language used on the questionnaire is not consistent with the

language used in this study. While in this study, professional identity refers to a professional counselor's primary occupational designation; mental health counselor, substance abuse counselor, CE, marriage and family counselor, professional school counselor, rehabilitation counselor, supervisor, or other; on the PCAI this is referred to as primary specialty; mental health counseling, substance abuse counseling, counselor education, marriage and family counseling, professional school counseling, rehabilitation counseling, supervision, or other (de la Paz, 2011). For this study, primary specialty indicated the specialty the CE participants considered their primary teaching focus.

Permission to use the PCAI for this study of record has been granted by the developer and copyright holder, Michelle de la Paz, PhD, and is included in Appendix C.

The PCAI has been previously used in one study, the dissertation completed in 2011 by de la Paz in which the questionnaire was developed. de la Paz (2011) reported a factor analysis was conducted to assist in validation of the questionnaire, and to support content validity, internal consistency, and reliability; while an expert panel was employed to ensure content validity. Cronbach's alpha was not calculated as the measure is classified as a questionnaire, and not deemed necessary; no other tests were deemed essential to the validity of this questionnaire (M. de la Paz, personal communication, June 3, 2014).

The items of interest, 43-47 in section IV of the PCAI, *Importance for and Need to Advocate*, were derived from various advocacy concepts in the counseling literature (de la Paz, 2011) as described below. Item 43 was adapted from the ACA advocacy competencies (Lewis et al., 2003), while item 44 was derived from research conducted by

Fall, Levitov, Jennings, and Eberts (2000), and Myers and Sweeney (2004) regarding the public perception of the counseling field. Items 45 and 46 resulted from the research done by Eriksen (1999) as well as the advocacy competencies (Lewis et al., 2003). Lastly, item 47 arose from social justice literature and the work of Lee (2007). Standard deviation (*SD*), and mean (*M*) for the questions of concern in this study, items 43-47, are reported below:

Question 43 resulted in $SD = .794$, $M = 6.43$

Question 44 resulted in $SD = .817$, $M = 6.38$

Question 45 resulted in $SD = 2.12$, $M = 4.38$

Question 46 resulted in $SD = 2.19$, $M = 3.82$

Question 47 resulted in $SD = 1.68$, $M = 4.22$

Three factors were generated through principal components factor analysis with varimax rotation and were labeled 1-3; professional counselor self-advocacy, outreach and involvement, and alliance building. Factor analysis using these three variables resulted in means of 15.73, 17.11, and 11.53 and standard deviations of 3.69, 6.57, and 2.28, respectively. Factor one, professional counselor self-advocacy, and items 43-47 produced significant correlations. A medium effect size (.242) was reported between factor one and item 44, while a small effect size (.233) was found between factor one and item 43. Significant correlations with small effect sizes were found between factor two, outreach and involvement, and items 43 (.220) and 44 (.234). There was a significant correlation with a small effect size (.272) between factor three, alliance building, and

item 43. A significant correlation with a small effect size (.233) was found between factor three and item 44 (de la Paz, 2011).

Two separate expert panels were used to ensure content validity. The first panel was comprised of five female professional counselors who made suggestions on the content, question formation, and response options. Four panel members were Caucasian, one was African American, and all members were employed and resided in Louisiana (LA). Panel members reported their specialties as mental health counseling (2), professional school counseling (1), and counselor education (2). Primary settings of the panel members included a school, two private practices, one non-profit agency, and one university. Two of the panelists held a doctorate while the other three possessed master's degrees. The mean number of years in the counseling field for the first expert panel was 11 years. This panel suggested making changes to assist with survey simplification, such as using a drop down menu, and adding additional questions. As a result of this panel's feedback, the PCAI was increased from 43 questions to 64 questions with the added questions taking the place of previous short answer responses. The panel also recommended implementing a Likert scale (de la Paz, 2011).

The second panel consisted of four licensed counselors, three female and one male, who offered suggestions on question clarity. All four of the panel members were Caucasian and were employed and resided in LA. The panelists reported specialties in professional school counseling (1), private practice (1), and mental health (2). Primary settings included a school, two private practices, and two state agencies. The highest degree earned for all panelists was a master's degree. Panelists had an average of 16

years in the counseling field. The second panel made recommendations on clarity with recommendations on phrases used in questions, and survey simplification (de la Paz, 2011).

The PCAI was normed for electronic use on 390 professional counselors, 81 (20.8%) males and 309 (79.2%) females. There were 27 African American participants, 4 Asian American/Pacific Islander participants, 328 European American participants, 12 Hispanic/Latino participants, 3 Middle Eastern participants, 4 Native American/American Indian participants, and 12 participants identifying as other included in the norming of the questionnaire. Participants ranged in age from 23 years to 76 years old with a mean age of 48 years. The majority of participants, 366 (93.8%) denied having a disability, while one (0.3%) reported a physical disability from birth, two (0.5%) reported a psychological disability from birth, two (0.5%) reported a developmental disability, and 19 (4.9%) reported an acquired disability. The majority of respondents, 238 (62.8%), were Licensed Professional Counselors, followed by 46 (12.8%) Licensed Mental Health Counselors, four (1.3%) Licensed Rehabilitation Counselors, 14 (3.8%) Licensed Marriage and Family Therapists, and 165 (42.8%) reported holding other licenses. Of the 390 participants, 219 (56.2%) identified Mental Health Counseling as their professional specialty, 18 (4.6%) identified Substance Abuse Counseling, 42 (10.8%) identified Counselor Education, 22 (5.6%) identified Marriage and Family Counseling, 26 (6.7%) identified Professional School Counseling, 5 (1.3%) identified Rehabilitation Counseling, 1 (0.3%) identified Supervision, and 57 (14.6%) identified as other. Participant's years of experience ranged from 1 year to 40 years of experience with the mean years of

experience being 14.16. The majority of respondents, 119 (30.5%), were in private practice, while 10 (2.6%) worked in Federal agencies, and 25 (6.4%) in State agencies. Of the 390 respondents, 70 (17.9%) worked in Nonprofits and 31 (7.9%) in private agencies. There were 81 total respondents who worked in college settings, 27 (6.9%) as counselors or advisors, and 54 (13.8%) as CEs. The remaining respondents identified working in Schools, 4 (1.0%), and 50 (12.8%) reported other. All four ACA regions, Midwest, North Atlantic, Southern and Western, were represented in this study. Participants resided in the majority of the 50 states excluding Delaware, Maine, New Hampshire, North Dakota, and Vermont. There were no participants from any United States territories or the District of Columbia (DC). The state with the most participants was Texas with 38 respondents. Reliability and validity were established through factor analysis and an expert panel as described earlier in this section.

Operationalization

This nonexperimental regression study used predictor and outcome variables. The predictor variables of interest were the primary specialty of a CE, gender, age, years of experience in the counseling field, and primary setting as defined alphabetically below, while the outcome variable is perceived importance. Additional definitions used frequently in this study are provided for clarity.

Age: length of time a being has existed (“Age,” 2015) measured in years entered as a free text continuous variable (de la Paz, 2011).

Counselor education: professional counseling field in which educators prepare future professional counselors academically (CACREP, 2009).

CE: professional counselor identifying with the professional identity or role of CE; responsible for the educational preparation and development of future professional counselors (ACA, 2014a).

Counseling field: professional area of study concerned with treating mental, behavioral, and emotional disorders (ACA, 2014a).

Gender: sex of a participant (“Gender,” 2015) which may be categorized as male or female (de la Paz, 2011).

Perceived importance: level of agreement assigned to the importance of advocating professionally for the counseling discipline (de la Paz, 2011).

Primary setting: setting the participant primarily works in and can refer to a federal, non-profit, private or state agency; a college in the capacity of a counselor, advisor, or CE; a private practice; school; or other (de la Paz, 2011).

Professional advocacy: action intended to increase access, growth, or development (ACA, 2014a), or support for policies or standards for the counseling profession (CACREP, 2009).

Professional counselor: helping professionals who treat mental, behavioral, and emotional disorders (ACA, 2011).

PCAI: inventory created by de la Paz (2011) to quantitatively collect data regarding professional counselors demographics, knowledge, professional advocacy skills and qualities, advocacy efforts, importance for and need to advocate, barriers to professional advocacy, and support for professional advocacy using a Likert-type scale.

Professional identity: professional counselor's primary occupational designation; mental health counselor, substance abuse counselor, CE, marriage and family counselor, professional school counselor, rehabilitation counselor, supervisor.

Social identity theory: theory that states individuals "define themselves in terms of their social group membership and enact roles as part of their acceptance of the normative expectations of ingroup members" (Burke & Stets, 1998, p. 4).

Specialty: A CE's area of teaching focus within the counselor education field.

Years of experience: number of years of experience the participants have in the counseling field entered as a free text continuous variable (de la Paz, 2011).

The predictor variables were measured using participant responses on the PCAI. The professional identity of the participants was self-indicated by consenting to study participation. Primary specialty of the CE participants was measured on a multiple choice inquiry. Gender was measured as male or female through selection on a multiple choice question, and age was measured in years using free text box. Years of experience refers to the number of years of experience the participant has in the counseling field and recorded using a free text box. All free text questions were measured using continuous variables. Lastly, primary setting was measured by selecting the corresponding applicable box on a multiple choice question; federal, non-profit, private or state agency; a college in the capacity of a counselor, advisor, or CE; a private practice; school; or other. The outcome variables were measured using the *Importance for and Need to Advocate* domain which includes questions 43-47 in Section IV. Responses to questions 43-47

were indicated on a 7-point Likert-type scale. No participant manipulation was present in this study.

The responses on the PCAI were recorded on a Likert-type scale continuum; 1 (*strongly disagree*), 2 (*disagree*), 3 (*somewhat disagree*), 4 (*neither agree nor disagree*), 5 (*somewhat agree*), 6 (*agree*), and 7 (*strongly agree*). The scores represent the respondents level of agreement to the statements posed. For example, item 43 from importance domain on the PCAI reads “I think it is important to advocate for the profession of counseling” (de la Paz, 2011, p. 221).

Data Analysis Plan

This project employed International Business Machines (IBM) Statistical Package for the Social Sciences 21. The Statistical Package for the Social Sciences 21 is a software program used for quantitative data entry and analysis which generates data output, tables, and graphs for researcher interpretation (Field, 2013).

Data screening assisted me in examining the quality of the data. This process helped me determine whether the data is valid, accounted for, contained extreme responses, and whether the data met the mathematical assumptions of the statistical test used (Meyers, Gamst, & Guarino, 2013). I began by assessing the unit of analysis, human respondents, to determine if all of the necessary data was accounted for in order to eliminate or replace missing data. Frequency tables were used to summarize the predictor and outcomes variables; specialty, gender, age, years of experience in the counseling field, primary setting, and perceived importance. A visual inspection of data plots, skew, kurtosis, and histograms was conducted. Questions that are not answered were marked

missing and displayed in frequency data tables. Missing at random variables were addressed through SPSS missing values feature. The questions/variables of interest required completion as indicated by an asterisk (*) on the questionnaire. Questionnaires that were missing this information were not accepted by the QuestionPro system, however, it was discovered that one answer, though submitted, was not usable for the analysis. This is discussed further in chapter four.

Research question and hypotheses.

RQ1: To what extent do the variables of specialty, gender, age, years of experience in the counseling field and primary work setting within the professional identity of a CE predict the attitude of perceived importance of professional advocacy as measured by responses on a Likert-type scale in the corresponding domain of the PCAI?

Null: Predictor variables had no predictive effect on perceived importance of professional advocacy as measured by the PCAI.

Alternative: Predictor variables had a predictive effect on perceived importance of professional advocacy as measured by the PCAI.

The hypotheses as stated in chapter one can be further investigated to highlight the examination of each predictor variable; the results are described in chapter four.

Ordinal regression. The statistical test employed in this research was an ordinal regression. According to the statistical test predictor available from Laerd Statistics (Lund Research Ltd., 2013), an ordinal regression is appropriate when the dependent variable is ordinal in nature. The assumptions of this statistical test are: one dependent variable, which is measured on an ordinal scale; one or more independent variables,

which can be continuous, ordinal, or categorical; no multicollinearity; and proportional odds (Lund Research Ltd., 2013). The variables were entered into SPSS using the ordinal regression option. The variables were entered in a series of blocks; with two variables, age and years of experience, in the *covariates* block, and three variables, specialty, gender, and setting in the *factor* block. This process resulted in a total of five predictor variables entered in the appropriate corresponding *covariate* and *factor* blocks, and one outcome variable in one corresponding *dependent* block (Field, 2013; Lund Research Ltd., 2013). This analysis method allowed for examination of the predictive ability of each predictor variable while controlling for the effects of the other predictor variables (Field, 2013).

In addition to primary specialty, four additional covariates were used in this study; gender, age, years of experience in the counseling field, and primary setting. These covariates were selected because they are thought to influence a respondent's perception of professional advocacy. Previous studies (de la Paz, 2011; Eriksen, 1999; Field & Baker, 2004; Kindsfater, 2009; Myers & Sweeney, 2004) have noted the varying effects these variables can have on the outcomes of professional advocacy research.

The ordinal regression output provided using SPSS 21 consisted of descriptive statistics, multicollinearity, proportional odds, parameter estimates, model fits, Pearson goodness-of-fit, and covariate and cell patterns. Descriptives exposed the mean, and standard deviations of the data. Multicollinearity and variance inflation factor (VIF) values were used to determine if there was a strong correlation between predictors creating a linear relationship (Lund Research Ltd., 2013). Proportional odds revealed

whether the independent variable had an identical effect at each cumulative split of the ordinal dependent variable. The parameter estimates, or slope coefficients, represented the change in the log odds of being in a category other than the reference category for dichotomous variables, or the log odds of being in a higher category of the dependent variable for continuous variables (Lund Research Ltd., 2013). Model fits and goodness-of-fit described how well the model fits the data from which it was generated, and in turn, how well the model predicted responses (Field, 2013; Lund Research Ltd., 2013).

Covariate patterns indicated unique combinations of values of the independent variables that exist within the dataset, while cell patterns are unique patterns when considering the dependent variable (Lund Research Ltd., 2013).

The output is displayed in tables that include frequencies for predictor variables, in addition to means and standard deviations for outcome variables. Collinearity tables include tolerance values and VIF for predictor variables. Proportional odds tables include log likelihood, chi square, degrees of freedom (df), and significance (sig). Goodness of fit and model fit tables include chi-square, df, sig., and log likelihood, chi-square, df, and sig., respectively. Lastly, parameter estimate tables include wald test statistics, df, sig., 95% confidence intervals (CI), and ExpB, the exponential of the log odds of the slope coefficient (Lund Research Ltd., 2013). In the next chapter, I reported whether the results are statistically significant, whether the results confirmed the hypothesis, whether professional identity predicted participant responses, provided an explanation for the results, and discussed implications of the results (Creswell, 2009).

The resulting data was also transferred to a spreadsheet to sort the data for further interpretation. Data was reviewed to determine which answer for each question 43-47 received the most responses, (1) *strongly disagree* to (7) *strongly agree*, to identify other trends within the data, and to determine whether or not the results confirm the hypothesis. The results are reported in paragraph format in chapter four, and a detailed interpretation is available in chapter five.

Threats to Validity

Threats to external validity include interaction of selection and treatment, and interaction of history and treatment. This study may inhibit the ability to generalize to individuals who do not identify with the professional identity of counselor education due to narrow characteristics of participants, and the results may not be generalized to past or future advocacy beliefs of the respondents (Creswell, 2009). To remedy these threats to validity, I can restrict claims about what populations the results can be applied to and conduct additional studies using varying populations to replicate the study and determine if reliable results are generated (Creswell, 2009).

Internal validity threats include regression, selection, and mortality. Random selection may include participants whose scores are extreme and inconsistent with the mean. The characteristics of the participants may predispose them to certain outcomes, such as a higher interest in professional advocacy. Lastly, participants may drop out or fail to complete the entire questionnaire; therefore the results of those individuals would not be known (Creswell, 2009). To rectify these threats, I used participant questionnaires that do not have extreme scores. I diminished mortality by recruiting a large sample size

in anticipation of participants who dropped out or failed to complete the questionnaire (Creswell, 2009).

Construct validity threats included inadequate preoperational explication of constructs, mono-method bias, and experimenter expectancies. I attempted to avoid inadequate explanations of the constructs. Another challenge concerned the outcome variables which were measured using a single questionnaire for perceived importance, meaning the variable may not be measured in its entirety. Though the PCAI is a single questionnaire, there are five total questions regarding the outcome variable which provided multiple measures of key constructs. Lastly, I might have erroneously communicated the desired outcome of a study leading the participants to make selections based on my desire for an outcome. I avoided unnecessary communication with the potential respondents in order to prevent inadvertent disclosure of the preferred outcome (Research Methods Knowledge Base, 2006d).

Statistical conclusion validity threats include reliability of measures and random heterogeneity of respondents. Though de la Paz (2011) reported factor analysis provided a good indication of reliability, only one prior study identified has used this questionnaire meaning there might not be a strong indication of whether the measure detects true differences consistently. Respondents may differ in factors that were not measured by the questionnaire or not used as covariates in this study leaving the potential for extraneous variables to impact the outcome variable. In this case I restricted claims about the reliability of the measure and used several predictors to account for the possible effects of some of the variables (Indiana University, n.d.).

Ethical Procedures

This research needed to be approved by the Walden University Institutional Review Board prior to participant recruitment and the commencement of data collection. The IRB research ethics review application version 2010A indicated the benefits of the study outweigh the risks of the study. This form also outlined project information, a description of the study, stakeholders, considerations for data integrity, conflicts of interest, data collection tools, description of participants, informed consent, and contained appropriate student and faculty signatures.

For this research data use agreements or confidentiality agreements were not needed as no organizations involved had access to the raw data. In addition, a letter of permission to use the copyrighted questionnaire was submitted to the Walden University IRB.

The human participants included in this study were volunteers who provided consent. There was no manipulation present in this study, and there was minimal risk of harm to participants. This study did not include vulnerable populations such as minors, prisoners, other special populations, or individuals with contagious diseases therefore there is no risk of negative impact on the well-being of these populations. I submitted proof of Human Research Protections training completion with the IRB application.

After careful consideration, compensation was deemed inappropriate for this study as it could not be offered to all participants, therefore, no compensation was associated with this study.

The respondents participated voluntarily and were free to discontinue the questionnaire at any time. There was a possibility participants may begin the questionnaire but do not complete the measure, to account for the fallout, a large sample size was recruited to account for mortality. There was no treatment administered, therefore there was little risk of adverse events (AE) associated with this study.

All data was anonymous—participants are not identifiable and were not contacted for any reason.

The data are stored on a computer requiring an electronic password for retrieval. There was no paper data for this study. Confidentiality agreements were not needed for this study. Data collected from this study will be destroyed after a maximum period of five years.

Summary

The research method was described in this chapter. This project was described as a nonexperimental quantitative study in which I distributed the PCAI to professional counselors who identified with the professional identity of CE and used the responses to calculate an ordinal regression in SPSS 21 using predictor and outcome variables. I examined the professional identity of CE and determined if there is a significant difference present in the perceived importance of advocacy based on the predictor variables, the results of which are described in chapters four and five.

Chapter 4, Results, the data collection process and study results are presented.

Chapter 4: Results

Introduction

CEs have been an underresearched population with respect to professional advocacy. Research was necessary to emphasize professional advocacy in the CE population in order for the counseling field, and its members, to continue to thrive. The purpose of this study was to better understand CEs' perceptions of the importance of professional advocacy. The aim of the study was to examine the variables—primary specialty, gender, age, years of experience in the counseling field, and primary setting—in order to understand their perceptions. This research was conducted in an effort to determine which variables, if any, predicted the attitude of perceived importance of professional advocacy on the PCAI. The hypothesis of this study is that predictor variables will have no effect on the perceptions of importance of professional advocacy in CEs.

Chapter 4 includes the following topics: data collection procedures, participant demographics, study results, statistical assumptions, and a summary of the outcomes.

Data Collection and Participant Demographics

Six weeks were allowed for data collection. The first solicitation for research participants was sent on December 10th, 2014, the second request was sent on December 24th, 2014, with a final request sent on January 7th, 2015. Data collection ended at 23:00 Central Standard Time (11:00 pm) on January 21st, 2015. The sampling frame, as discussed in Chapter 3, included the ACA Connect forum, CESNET, a for-profit university participant pool, and CACREP liaisons totaling approximately 5,000

individuals. Of this estimated number, the response rate was 1.84%, significantly lower than typical survey response rates in the 20 to 40% estimated by Frankfort-Nachmias and Nachmias (2008). The final count was 92 respondents, one greater than the minimum 91 participants calculated using G*Power. A total of 349 people viewed the questionnaire. Of those 349 individuals, 96 people began the questionnaire, 92 individuals finished and submitted it for a total completion rate of 95.83%. The average amount of time it took the participants to complete the questionnaire was 15 minutes. According to the QuestionPro data, respondents used a variety of electronic methods to complete the questionnaire. The majority of participants, 80%, used a desktop or laptop computer, 9% used a smartphone, and 11% used a tablet.

The initial data collection plan was to use a secondary sampling strategy, in addition to the nonprobability recruitment method, in order to increase generalizability. But due to the lower than anticipated response rate, the nonprobability sampling method was the only method applied. This change in procedure, which was submitted to the Walden University IRB and approved, did not impact the participants, the collection of data, nor consent procedures in any way.

Of the 92 participants in this study, the majority were female (69 or 75.0%) and one-fourth male (23, 25.0%). In order to maintain consistency with the language used on the PCAI, gender was used to describe an individual's biological makeup, though participants may have responded to this inquiry based on their sociocultural identification. The large amount of females in this study may be accounted for by the

large proportion of females in the counseling field in comparison to males (de la Paz, 2011). See Table 1 for descriptive data on participant gender.

Table 1

Frequency Distribution of Respondents by Gender

Gender	<i>n</i>	%
Female	69	75.0
Male	23	25.0
Total	92	100.0

Race/ethnicity was also collected and a variety of racial and ethnic identities emerged which are outlined below in Table 2. The bulk of the respondents identified as European American/White (67.39%), with African American/Black following (11.96%) as the next highest percentage. Hispanic/Latino participants made up 6.52% of the sample, followed by Asian American/Pacific Islander at 5.43%. Middle Eastern and Native American/American Indian participants each accounted for 1.09% of the sample.

Table 2

Frequency Distribution of Respondents by Race/Ethnicity

Race/Ethnicity	<i>n</i>	%
African American/Black	11	12.0
Asian American/Pacific Islander	5	5.4
European American/White	62	67.4
Hispanic/Latino	6	6.5
Middle Eastern	1	1.1
Native American/American Indian	1	1.1
Other	6	6.5
Total	92	100.0

The “other” category made up 6.52% and included one Mixed Canadian American/Native American and White, one Italian, one multiracial, one biracial, and two participants who did not provide an explanation.

Respondent’s disability status was also examined. The majority reported having no disability (89.01%). Six respondents (6.59%) reported having an acquired physical disability, three respondents (3.30%) reported a psychological disability, and one person (1.10%) reported a physical disability from birth. None reported a developmental disability (0.00%), and one (1.10%) chose not to answer this question. The data are described in Table 3.

Table 3

Frequency Distribution of Respondents by Disability Status

Disability Status	<i>n</i>	%
Physical disability from birth	1	1.1
Acquired physical disability	6	6.5
Psychological disability	3	3.3
No disability	81	88.0
Total	91	98.9
Missing	1	1.1
Total	92	100.0

Participants reported their age in years with the youngest participant reporting age 26 and the oldest age 68, this results in a range of 42 as reported in Table 4. One individual chose not to report their age (1.10%). The average age was 43.7143, the median was 43.00, and the most commonly occurring age, the mode, was 30 years (7.6%). The standard deviation was 12.14385.

Table 4

*Frequency Distribution of
Respondents by Age*

Age	<i>n</i>	%
26.00	2	2.2
27.00	3	3.3
28.00	5	5.4
29.00	2	2.2
30.00	7	7.6
31.00	3	3.3
32.00	2	2.2
33.00	2	2.2
34.00	2	2.2
35.00	1	1.1
36.00	3	3.3
37.00	3	3.3
38.00	2	2.2
40.00	2	2.2
41.00	2	2.2
42.00	1	1.1
43.00	4	4.3
44.00	2	2.2
45.00	5	5.4
46.00	2	2.2
47.00	1	1.1
48.00	3	3.3
49.00	2	2.2
50.00	3	3.3
52.00	1	1.1
53.00	1	1.1
54.00	4	4.3
55.00	1	1.1
56.00	1	1.1
57.00	1	1.1
58.00	3	3.3
59.00	3	3.3
60.00	3	3.3
61.00	2	2.2
63.00	1	1.1
64.00	2	2.2
65.00	3	3.3

(table continues)

Age	<i>n</i>	%
68.00	1	1.1
Total	91	98.9
Missing	1	1.1
Total	92	100.0

Respondents reported a variety of educational backgrounds. The majority reported their highest earned degree as a PhD (30.43%). These respondents were followed by participants reporting a MA degree (26.09%), a MS degree (18.48%), and lastly, a MEd (10.87%). There were 13 (14.13%) respondents who selected “other” which included six EdD; two respondents with dual degrees, an MA and MEd; one with an earned MS and current PhD student; 1 MEd MHR; 1 EdS; 1 MA EDs; and 1 MSW. Data is reported in Table 5.

Table 5

*Frequency Distribution of
Respondents by Degree
Attained*

Degree	<i>n</i>	%
MEd	10	10.9
MA	24	26.1
MS	17	18.5
PhD	28	30.4
Other	13	14.1
Total	92	100.0

Participants disclosed their current professional licenses which are reported in Table 6. The bulk of respondents were Licensed Professional Counselors (50.0%), followed by Licensed Mental Health Counselors (5.4%), and Licensed Marriage and Family Therapists (1.10%). No respondent reported being a Licensed Rehabilitation

Counselor (0.00%). A surprisingly large number of respondents (35.9%) selected “other.” This may be due in part to participants having more than one license and describing multiple licenses in the “other” text box. These “other” responses are described in Appendix D. Seven individuals chose not to provide a response.

Table 6

Frequency Distribution of Respondents by License Type

License	<i>n</i>	%
Licensed Professional Counselor	46	50.0
Licensed Mental Health Counselor	5	5.4
Licensed Marriage and Family Therapist	1	1.1
Other	33	35.9
Total	85	92.4
Missing	7	7.6
Total	92	100.0

While all 92 participants recruited were CEs and identified as such by reviewing the consent, completing, and submitting the questionnaire, CEs were also asked to report their primary specialty on the PCAI. For the purpose of this study, primary specialty is defined as a CE’s teaching focus. The majority of the CE participants selected counselor education as their primary specialty (42.39%), followed by mental health counseling (33.70%), professional school counseling (6.52%), and substance abuse counseling (5.43%). Finally, one respondent each selected rehabilitation counseling (1.10%), supervision (1.10%), and marriage and family counseling (1.10%). Eight respondents (8.70%) selected “other;” responses are included in Appendix D. The data were regressed further to examine whether specialty within CE is a significant predictor of professional

advocacy. This is discussed further in the construct validity section in Chapter five.

Results are reported in Table 7.

Table 7

Frequency Distribution of Respondents by Primary Specialty

Primary Specialty	<i>n</i>	%
Mental Health Counseling	31	33.7
Substance Abuse Counseling	5	5.4
Counselor Education	39	42.4
Marriage and Family Counseling	1	1.1
Professional School Counseling	6	6.5
Rehabilitation Counseling	1	1.1
Supervision	1	1.1
Other	8	8.7
Total	92	100.0

The primary work settings of participants are listed in Table 8. The bulk of respondents (44.57%) reported working at a university or college in a CE capacity, followed by private (9.78%) and nonprofit (9.78%) agencies. Next, private practices (7.61%) and schools (7.61%) both had seven respondents each. State agencies and university/college counseling/advising tallied six respondents each (6.52%). Federal agencies encompassed two (2.17%) responses, while “other” totaled 5.43% which included one Tribal/ Indian Health Service; one Cancer Center; one Primary care clinic; one student; and one individual who reported a combination of College Mental Health Counseling, and Adjunct Professor.

Table 8

Frequency Distribution of Respondents by Primary Work Setting

Primary Setting	n	%
Agency Federal	2	2.2
Agency Nonprofit	9	9.8
Agency Private	9	9.8
Agency State	6	6.5
College counseling/advising	6	6.5
College counselor educator	41	44.6
Private Practice	7	7.6
School	7	7.6
Other	5	5.4
Total	92	100.0

Participants were asked to report the state in which they reside. Thirty states were represented in participant responses: Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Wisconsin, and Wyoming. Five respondents (5.4%) chose not to provide a response. Despite the five non-responses, the QuestionPro software reported all respondents completed the questionnaire from Internet Protocol (IP) addresses within the US. The state with the most responses was Texas at 19 (20.7%). Interestingly, in de la Paz's (2011) original study, the only other research to have used the PCAI, the state that garnered the most participant responses was also Texas. This is further discussed in the Recommendations section in Chapter five. Results are presented in Table 9.

Table 9

Frequency Distribution of Respondents by State

State	<i>n</i>	%
Alabama	2	2.2
Alaska	1	1.1
Arizona	2	2.2
Arkansas	1	1.1
Colorado	3	3.3
Connecticut	1	1.1
Florida	7	7.6
Georgia	4	4.3
Idaho	1	1.1
Illinois	2	2.2
Indiana	1	1.1
Kentucky	1	1.1
Louisiana	2	2.2
Maryland	1	1.1
Massachusetts	1	1.1
Michigan	5	5.4
Missouri	4	4.3
New Jersey	3	3.3
New Mexico	2	2.2
North Carolina	4	4.3
North Dakota	2	2.2
Oklahoma	1	1.1
Ohio	3	3.3
Pennsylvania	3	3.3
South Carolina	2	2.2
Tennessee	2	2.2
Texas	19	20.7
Virginia	3	3.3
Wisconsin	2	2.2
Wyoming	2	2.2
No Answer	5	5.4
Total	92	100.0

Participants were also asked to report how many years they have been in the counseling field as reflected in Table 10. Years of experience ranged from 1 year to 37 years, resulting in a range of 36 years. The most commonly occurring number was five

years (14.1%), the mean years of experience was 12.16, and the standard deviation was 9.254078.

Table 10

Frequency Distribution of Respondents by Years of Experience

Years	<i>n</i>	%
1	2	2.2
2	5	5.4
3	3	3.3
3.5	1	1.1
4	11	12.0
5	13	14.1
6	4	4.3
7	1	1.1
8	3	3.3
9	1	1.1
10	5	5.4
10.5	1	1.1
11	2	2.2
12	2	2.2
13	4	4.3
14	2	2.2
15	4	4.3
16	1	1.1
17	2	2.2
18	4	4.3
20	5	5.4
24	2	2.2
25	5	5.4
26	2	2.2
27	1	1.1
30	2	2.2
33	1	1.1
35	1	1.1
36	1	1.1
37	1	1.1
Total	92	100.0

The population of interest for this study was CEs, thus, CEs were the only professional population recruited for the purposes of this study. However, due to the method of recruitment, a representative sample could not be guaranteed. It was observed a larger number of females completed the questionnaire in comparison to males, which has the potential to skew the data based on gender bias.

The study was distributed as planned over the course of six weeks with the only change to procedures occurring within the sampling strategy as described earlier in this chapter. No known adverse events occurred as a result of this study.

Results

The focus of this dissertation was on the importance of professional advocacy in CEs, thus, it was essential to examine the items in the importance domain of the PCAI (de la Paz, 2011) for this analysis. The five items that measure the importance for and need to advocate, questions 43 through 47, helped answering RQ1. This section will begin with a summary of frequency distributions for responses to the items in the importance domain using the following coding: 1 (*strongly disagree*), 2 (*disagree*), 3 (*somewhat disagree*), 4 (*neither agree nor disagree*), 5 (*somewhat agree*), 6 (*agree*), and 7 (*strongly agree*).

Frequency of Participant Responses to the Dependent Variables of Interest

The largest portion of participants (59.78%) strongly agreed with the statement in item 43, “I think it is important to advocate for the profession of counseling.” This was followed by 36 (39.13%) participants who agree, and one individual who strongly disagreed (1.10%). There were no responses (0.00%) that indicated participants

somewhat agreed, neither agreed nor disagreed, somewhat disagreed, or disagreed. The mean was 6.543 and standard deviation was 0.762. Results are reflected in Table 11.

Table 11

Frequency Distribution for Item 43 for Research Question 1

Item	<i>n</i>	%	<i>M</i>	<i>SD</i>
Importance for and need to advocate				
43. I think it is important to advocate for the profession of counseling.				
1 Strongly Disagree	1	1.1		
2 Disagree	0	0.00		
3 Somewhat Disagree	0	0.00		
4 Neither Agree nor Disagree	0	0.00		
5 Somewhat Agree	0	0.00		
6 Agree	36	39.1		
7 Strongly Agree	55	59.8		
Total	92	100.0	6.54	.762

Item 44 posed the following to respondents, “I believe counselors must improve the public and professional image of counselors.”

Table 12

Frequency Distribution for Item 44 for Research Question 1

Item	<i>n</i>	%	<i>M</i>	<i>SD</i>
Importance for and need to advocate				
44. I believe counselors must improve the public and professional image of counselors.				
1 Strongly Disagree	0	0.00		
2 Disagree	0	0.00		
3 Somewhat Disagree	1	1.1		
4 Neither Agree nor Disagree	1	1.1		
5 Somewhat Agree	1	1.1		
6 Agree	34	37.0		
7 Strongly Agree	55	59.8		
Total	92	100.0	6.53	.687

More than half of respondents (59.78%) strongly agreed, 36.96% agreed, and one respondent (1.10%) each somewhat agreed, neither agreed nor disagreed, and somewhat disagreed. There were no responses (0.00%) that indicated participants disagreed or strongly disagreed. The mean was 6.53 and standard deviation was 0.687. Results are reflected in Table 12.

Item 45 focused on insurance coverage. Respondents were asked if they have “lost clients due to the lack of insurance coverage for counselors.” The majority of respondents neither agreed nor disagreed (22.83%), however, 19.57% did in fact agree with the statement. This was followed by respondents who disagreed (18.48%), individuals who strongly agreed (14.13%), individuals who strongly disagreed (13.04%), and those who somewhat agreed (11.96%). There were no responses (0.00%) that indicated participants somewhat disagreed. The mean was 4.17 and standard deviation was 2.025. Results are reflected in Table 13.

Table 13

Frequency Distribution for Item 45 for Research Question 1

Item	n	%	<i>M</i>	<i>SD</i>
Importance for and need to advocate				
45. I have lost clients due to the lack of insurance coverage for counselors				
1 Strongly Disagree	12	13.04		
2 Disagree	17	18.5		
3 Somewhat Disagree	0	0.00		
4 Neither Agree nor Disagree	21	22.8		
5 Somewhat Agree	11	12.0		
6 Agree	18	19.6		
7 Strongly Agree	13	14.1		
Total	92	100.0	4.17	2.025

The next item, 46, explored job attainment with the statement “I have been denied jobs in schools, mental health or other settings due to my degree/license as a counselor.” Interestingly, most respondents strongly disagreed (23.91%) or disagreed (22.83%) with this statement. The same number of respondents neither agreed nor disagreed (15.22%) as those who agreed (15.22%) with the statement. This was followed by those respondents who strongly agreed (14.13%), those who somewhat agreed (4.35%), and participants who somewhat disagreed (4.35%). The mean was 3.55 and standard deviation was 2.211. Results are reflected in Table 14.

Table 14

Frequency Distribution for Item 46 for Research Question 1

Item	<i>n</i>	%	<i>M</i>	<i>SD</i>
Importance for and need to advocate				
46. I have been denied jobs in schools, mental health or other settings due to my degree/license as a counselor.				
1 Strongly Disagree	22	23.9		
2 Disagree	21	22.8		
3 Somewhat Disagree	4	4.3		
4 Neither Agree nor Disagree	14	15.2		
5 Somewhat Agree	4	4.3		
6 Agree	14	15.2		
7 Strongly Agree	13	14.1		
Total	92	100.0	3.55	2.211

Item 47 focused on self-advocacy stating, “I have had the need to advocate for myself other than for the profession of counseling.” Most respondents agreed (39.13%) with this statement, followed by respondents who strongly agreed (27.17%). Next were participants who somewhat agreed (14.13%), neither agreed nor disagreed (10.87%), disagreed (7.61%), and somewhat disagreed (1.10%). There were no responses (0.00%)

that indicated participants strongly disagreed. The mean was 5.58 and standard deviation was 1.416. Results are reflected in Table 15.

Table 15

Frequency Distribution for Item 47 for Research Question 1

Item	<i>n</i>	%	<i>M</i>	<i>SD</i>
Importance for and need to advocate				
47. I have had the need to advocate for myself other than for the profession of counseling.				
1 Strongly Disagree	0	0.00		
2 Disagree	7	7.6		
3 Somewhat Disagree	1	1.1		
4 Neither Agree nor Disagree	10	10.9		
5 Somewhat Agree	13	14.1		
6 Agree	36	39.1		
7 Strongly Agree	25	27.2		
Total	92	100.0	5.58	1.416

It is worth noting several of the five dependent variable items regarding advocacy importance resulted in more varied responses than other items. For example, Items 45, 46, and 47, questions in relation to insurance, jobs, and self-advocacy, received more diverse responses along the 7-point scale in comparison to Items 43 and 44, questions which concerned thoughts on general professional advocacy and public image.

Data Screening and Recoding

Though the QuestionPro software was configured to disallow submission of questionnaires that failed to provide all required responses, it was discovered through examination of the frequency tables of the variables of interest one participant reported “prefer not to answer” in lieu of a number for the inquiry regarding age. The SPSS missing values feature was used to manage this missing information. The number 99 was

used to indicate the participant did not provide a usable response, and SPSS was programmed to ignore the cell that was missing data for calculation purposes. This was the only missing response in the variables of interest for analysis; missing values for demographic items are reflected in their respective independent variable frequency tables.

Categorical data for purposes of analysis was separated into CE categories and “other” to eliminate focus on the extraneous specialties and settings. This allowed the analysis process to continue without the dummy coding of variables. SPSS has the capability to process dichotomous variables in calculations (Field, 2013; Lund Research Ltd., 2013).

Analysis Procedures

To begin the ordinal regression procedures, the data needed to be set up properly. It was necessary to create dichotomous cumulative categories for the ordinal dependent variable, which had multiple levels. As there were seven points, indicating seven possible responses on the Likert scale, six new categories representing each cumulative split were created. Creating a seventh category is considered redundant as the category with the 'missing' variable is the reference category by default (Lund Research Ltd., 2013). Next, assumptions were tested by running a basic linear regression to assess for multicollinearity, and a separate binomial logistic regression to test for proportional odds, the results of which are described in more detail in the next paragraph. Next, the Polytomous Universal Model (PLUM) procedure was executed via the Output Management System (OMS) to run the ordinal logistic regression, and create parameter estimates, model fits, and goodness-of-fit estimates. This was followed by testing for

covariate and cell patterns, the results of which are described in the next section. In the SPSS analysis, the continuous variables age and years of experience were labeled “covariates,” and the categorical variables gender, specialty, and setting as “factors,” and thus in the parameter estimates tables below, the covariates are displayed first per SPSS. The procedures described above were repeated for each DV, items 43-47. The results of these steps are described in the next several sections.

Ordinal Regression Statistical Assumptions

The data for this ordinal regression contained one dependent variable measured on an ordinal scale, this fulfilled assumption one. Analysis for items 43 through 47 reflecting each dependent variable were run separately. Data was also comprised of one or more independent variables, which were both continuous and categorical, meeting the criteria for assumption two. Regarding item 43, VIF values for specialty, setting, and age were above 10 indicating multicollinearity was likely present, an indicator of assumption three. This indicates one or more of the predictors may have a strong linear relationship with one of the other predictors. VIF values for item 43 are as follows: gender, 4.105; specialty, 13.203; setting, 12.872; age, 13.867, and yearexp, 7.368. Tolerance values are as follows: gender, .249; specialty, .076; setting, .078; age, .072; and yearexp, .136. According to Field (2013), this finding does not mean the data is invalid, but that the results should be treated with caution when applied to generalizations. VIF and collinearity values remained the same for items 44-47. See table 16 for collinearity and VIF values.

Table 16

Collinearity and VIF Values for Items 43-47

Model	Collinearity Statistics	
	Tolerance	VIF
SPEC	.076	13.203
Gender	.249	4.015
1 Age	.072	13.867
YearsExp	.136	7.368
SETTING	.078	12.872

The assumption of proportional odds (assumption four) was met for all five items, 43 through 47, as evidenced by a full likelihood ratio test comparing the residual of the fitted location model to a model with varying location parameters, $\chi^2(5) = 0.00, p = 1.00$. The results are reported in tables 17-21.

Table 17

Proportional Odds for Item 43

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	.000			
General	.000	.000	5	1.000

A full likelihood ratio test conducted on item 44 comparing the residual of the fitted location model to a model with varying location parameters, $\chi^2(15) = 0.00, p = 1.00$.

Table 18

Proportional Odds for Item 44

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	.000			
General	.000	.000	15	1.000

A full likelihood ratio test conducted on item 45 comparing the residual of the fitted location model to a model with varying location parameters, $\chi^2(20) = 0.00$, $p = 1.00$.

Table 19

Proportional Odds for Item 45

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	.000			
General	.000	.000	20	1.000

A full likelihood ratio test conducted on item 46 comparing the residual of the fitted location model to a model with varying location parameters, $\chi^2(25) = 0.00$, $p = 1.00$.

Table 20

Proportional Odds for Item 46

Model	-2 Log Likelihood	Chi-Square	df	Sig.
(1.10%), General	(1.10%), .000	(1.10%), .000	(1.10%), 25	(1.10%), 1.000

A full likelihood ratio test conducted on item 47 comparing the residual of the fitted location model to a model with varying location parameters, $\chi^2(20) = 0.00$, $p = 1.00$.

Table 21

Proportional Odds for Item 47

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	.000			
General	.000	.000	20	1.000

Furthermore, the Pearson goodness-of-fit test indicated the model was a good fit to the observed data, $\chi^2(103) = .258, p = 1.000$. The deviance goodness-of-fit test also indicated that the model was a good fit to the observed data for all five dependent variable items as reported in tables 22-26. Item 43 results follow: $\chi^2(103) = .506, p = 1.000$.

Table 22

Goodness-of-Fit for Item 43

	Chi-Square	df	Sig.
Pearson	.258	103	1.000
Deviance	.506	103	1.000

For item 44, the Pearson goodness-of-fit test indicated the model was a good fit to the observed data, $\chi^2(211) = .728, p = 1.000$. The deviance goodness-of-fit test indicated that the model was a good fit to the observed data as well, $\chi^2(211) = 1.355, p = 1.000$.

Table 23

Goodness-of-Fit for Item 44

	Chi-Square	df	Sig.
Pearson	.728	211	1.000
Deviance	1.355	211	1.000

For item 45, the Pearson goodness-of-fit test indicated the model was a good fit to the observed data, $\chi^2(265) = 13.843, p = 1.000$. The deviance goodness-of-fit test for item 45 also indicated that the model was a good fit to the observed data, $\chi^2(265) = 22.979, p = 1.000$.

Table 24

Goodness-of-Fit for Item 45

	Chi-Square	df	Sig.
Pearson	13.843	265	1.000
Deviance	22.979	265	1.000

For item 46, the Pearson goodness-of-fit test indicated the model was a good fit to the observed data, $\chi^2(319) = 15.574$, $p = 1.000$. The deviance goodness-of-fit test also indicated that the model was a good fit to the observed data, $\chi^2(319) = 24.732$, $p = 1.000$.

Table 25

Goodness-of-Fit for Item 46

	Chi-Square	df	Sig.
Pearson	15.574	319	1.000
Deviance	24.732	319	1.000

For item 47, the Pearson goodness-of-fit test indicated the model was a good fit to the observed data, $\chi^2(265) = 11.200$, $p = 1.000$. Finally, the deviance goodness-of-fit test indicated the model was a good fit to the observed data as well, $\chi^2(265) = 16.844$, $p = 1.000$.

Table 26

Goodness-of-Fit for Item 47

	Chi-Square	df	Sig.
Pearson	11.200	265	1.000
Deviance	16.844	265	1.000

The final model statistically significantly predicted the dependent variable over and above the intercept-only model for items 43-47 as reported in tables 27-31. Item 43 resulted in, $\chi^2(5) = 130.766$, $p < .001$.

Table 27

Model Fit for Item 43

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	130.766			
Final	.000	130.766	5	.000

The final model statistically significantly predicted the dependent variable over and above the intercept-only model for item 44, $\chi^2(5) = 146.790, p < .001$.

Table 28

Model Fit for Item 44

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	146.790			
Final	.000	146.790	5	.000

Considering item 45, the final model statistically significantly predicted the dependent variable over and above the intercept-only model, $\chi^2(5) = 320.695, p < .001$.

Table 29

Model Fit for Item 45

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	320.695			
Final	.000	320.695	5	.000

An examination of item 46 showed the final model statistically significantly predicted the dependent variable over and above the intercept-only model, $\chi^2(5) = 326.109, p < .001$.

Table 30

Model Fit for Item 46

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	326.109			
Final	.000	326.109	5	.000

The final model statistically significantly predicted the dependent variable over and above the intercept-only model, $\chi^2(5) = 259.950$, $p < .001$, for item 47.

Table 31

Model Fit for Item 47

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	259.950			
Final	.000	259.950	5	.000

Also of note, there were 56 covariate patterns identified by SPSS as part of the analysis for items 43 through 47. This means 56 unique variations of the values of the independent variables existed. When incorporating the dependent variables into the calculation, SPSS identified 57 cell patterns for item 43, that is, unique variations of the values of the independent variables and the categories of the ordinal dependent variable (Lund Research Ltd., 2013). For item 44, an additional 92 cell patterns were identified; while item 45 resulted in 56 cell patterns, item 46 in 57 cell patterns, and item 47 in 60 cell patterns.

Ordinal Regression Analysis Findings

The next section provides a summary of the statistical results of an ordinal regression for the five dependent variables on the PCAI importance domain. Data were collected on 92 CEs to regress the perceived importance of professional advocacy of CEs based on the following characteristics: specialty (SPEC), gender (GENDER) age (AGE), years of experience (YEARS), and primary work setting (SETTING), using an ordinal regression. The frequencies, mean scores, and standard deviations for each of the five

items concerning perceived importance can be located in Tables 11-15, found earlier in this chapter.

The primary research question, RQ1, asked: To what extent do the variables of specialty, gender, age, years of experience in the counseling field and primary work setting within the professional identity of a CE predict the attitude of perceived importance of professional advocacy as measured by responses on a Likert-type scale in the corresponding domain of the PCAI?

The Null hypothesis is as follows: Predictor variables had no predictive effect on perceived importance of professional advocacy as measured by the PCAI. The Alternative hypothesis follows: Predictor variables had a predictive effect on perceived importance of professional advocacy as measured by the PCAI.

The method of analysis allowed a determination to be made on odds of a group for categorical independent variables, and unit increases for continuous variables (Lund Research Ltd., 2013). The results of this question are discussed in the next several sections.

Item 43 Findings. The odds of female CEs being in a higher category of the dependent variable, that is more likely to agree, was 1.79 (95% CI, -35.260 to 114.717) times that of male CEs, not statistically significant, $\chi^2(1) = 1.078, p = .299$. The odds of CE specialty being in a higher category of the dependent variable was .097 (95% CI, -143.498 to 138.829) times that of any other specialty, though not statistically significant, Wald $\chi^2(1) = .001, p = .974$. The odds of CEs in a college CE setting strongly agreeing to the statement in item 43 regarding professional advocacy was 1.86 (95% CI, -135.435 to

150.495) times that of any other specialty, though not statistically significant, Wald $\chi^2(1) = .011, p = .918$. An increase in age (expressed in years) was associated with an increase in the odds of strongly agreeing with statement in item 43, with an odds ratio of 3.4 (95% CI, -3.526 to 10.549), Wald $\chi^2(1) = .956, p = .328$. Years of experience was associated with an increase in the odds of strongly agreeing with item 43, with an odds ratio of .812 (95% CI, -9.851 to 9.434), Wald $\chi^2(1) = .002, p = .966$. Results are reported in Table 32.

Table 32

Parameter Estimates for Item 43

	Wald	df	p	95% Confidence Interval		Exp B
				Lower	Upper	
Age	.956	1	.328	-3.526	10.549	3.4
YearsExp	.002	1	.966	-9.851	9.434	.812
[SPEC=1.00]	.001	1	.974	-143.498	138.829	.097
[SPEC=2.00]						
[Gender=1.00]	1.078	1	.299	-35.260	114.717	1.79
[Gender=2.00]						
[SETTING=1.00]	.011	1	.918	-135.435	150.495	1.86
[SETTING=2.00]						

Note. Spec 1 = counselor education, Spec 2 = all other specialties; Gender 1 = female,

Gender 2 = male; Setting 1 = college-CE, Setting 2 = all other settings

Item 44 Findings. The odds of female CEs being in a higher category of the dependent variable was .70 (95% CI, -14.400 to 124.230) times that of male CEs, not statistically significant, $\chi^2(1) = 2.411, p = .120$, as reported in Table 33. The odds of CE specialty being in a higher category of the dependent variable was 1.052 (95% CI, -139.239 to 139.342) times that of any other specialty, though not statistically significant, Wald $\chi^2(1) = .000, p = .999$. The odds of CEs in a college CE setting strongly agreeing to

the statement in item 44 regarding professional advocacy was 2.3 (95% CI, -132.833 to 148.370) times that of any other specialty, though not statistically significant, Wald $\chi^2(1) = .012$, $p = .914$. An increase in age (expressed in years) was associated with an increase in the odds of strongly agreeing with the statement in item 44, with an odds ratio of 28.995 (95% CI, -2.212 to 8.946), Wald $\chi^2(1) = 1.399$, $p = .237$. Years of experience was associated with an increase in the odds of strongly agreeing with item 44, with an odds ratio of 3.406 (95% CI, -6.562 to 9.013), Wald $\chi^2(1) = .095$, $p = .758$.

Table 33

Parameter Estimates for Item 44

	Wald	df	p	95% Confidence Interval		Exp B
				Lower	Upper	
Age	1.399	1	.237	-2.212	8.946	28.995
YearsExp	.095	1	.758	-6.562	9.013	3.406
[SPEC=1.00]	.000	1	.999	-139.239	139.342	1.052
[SPEC=2.00]						
[Gender=1.00]	2.411	1	.120	-14.400	124.230	.70
[Gender=2.00]						
[SETTING=1.00]	.012	1	.914	-132.833	148.370	2.3
[SETTING=2.00]						

Note. Spec 1 = counselor education, Spec 2 = all other specialties; Gender 1 = female,

Gender 2 = male; Setting 1 = college-CE, Setting 2 = all other settings

Item 45 Findings. The odds of female CEs being in a higher category of dependent variable item 45 was 8.9 (95% CI, 1.669 to 16.526) times that of male CEs, statistically significant, $\chi^2(1) = 5.762$, $p = .016$. The odds of CE specialty being in a higher category of the dependent variable was 5.23 (95% CI, -11.948 to 24.47) times that of any other specialty, though not statistically significant, Wald $\chi^2(1) = .454$, $p = .500$.

The odds of CEs in a college CE setting strongly agreeing to the statement in item 45 regarding professional advocacy was 29.7 (95% CI, -14.767 to 21.550) times that of any other specialty, though not statistically significant, Wald $\chi^2(1) = .134, p = .714$. An increase in age (expressed in years) was associated with an increase in the odds of strongly agreeing with statement in item 45, with an odds ratio of 6.296 (95% CI, .944 to 2.735), Wald $\chi^2(1) = 16.216, p = .000$, statistically significant. Years of experience was associated with an increase in the odds of strongly agreeing with item 45, with an odds ratio of 1.647 (95% CI, -.267 to 1.265), Wald $\chi^2(1) = 1.629, p = .202$. Results can be found in Table 34.

Table 34

Parameter Estimates for Item 45

	Wald	df	p	95% Confidence Interval		Exp B
				Lower	Upper	
Age	16.216	1	.000	.944	2.735	6.296
YearsExp	1.629	1	.202	-.267	1.265	1.647
[SPEC=1.00]	.454	1	.500	-11.948	24.470	5.23
[SPEC=2.00]						
[Gender=1.00]	5.762	1	.016	1.669	16.526	8.9
[Gender=2.00]						
[SETTING=1.00]	.134	1	.714	-14.767	21.550	29.7
[SETTING=2.00]						

Note. Spec 1 = counselor education, Spec 2 = all other specialties; Gender 1 = female,

Gender 2 = male; Setting 1 = college-CE, Setting 2 = all other settings

Item 46 Findings. The odds of female CEs being in a higher category of the dependent variable was 18.265 (95% CI, -2.435 to 8.245) times that of male CEs, not statistically significant, $\chi^2(1) = 1.137, p = .286$, as reflected in Table 35. The odds of CE

specialty being in a higher category of the dependent variable was 8.8 (95% CI, -26.895 to 40.473) times that of any other specialty, though not statistically significant, Wald $\chi^2(1) = .156, p = .693$. The odds of CEs in a college CE setting strongly agreeing to the statement in item 46 regarding professional advocacy was .026 (95% CI, -37.196 to 29.883) times that of any other specialty, though not statistically significant, Wald $\chi^2(1) = .046, p = .831$. An increase in age (expressed in years) was associated with an increase in the odds of strongly agreeing with statement in item 46, with an odds ratio of 4.511 (95% CI, .791 to 2.222), Wald $\chi^2(1) = 17.016, p = .000$, statistically significant. Years of experience was associated with an increase in the odds of strongly agreeing with item 46, with an odds ratio of 1.484 (95% CI, -.214 to 1.004), Wald $\chi^2(1) = 1.618, p = .203$.

Table 35

Parameter Estimates for Item 46

	Wald	df	p	95% Confidence Interval		Exp B
				Lower	Upper	
Age	17.016	1	.000	.791	2.222	4.511
YearsExp	1.618	1	.203	-.214	1.004	1.484
[SPEC=1.00]	.156	1	.693	-26.895	40.473	8.8
[SPEC=2.00]						
[Gender=1.00]	1.137	1	.286	-2.435	8.245	18.265
[Gender=2.00]						
[SETTING=1.00]	.046	1	.831	-37.196	29.883	.026
[SETTING=2.00]						

Note. Spec 1 = counselor education, Spec 2 = all other specialties; Gender 1 = female,

Gender 2 = male; Setting 1 = college-CE, Setting 2 = all other settings

Item 47 Findings. The odds of female CEs being in a higher category of the dependent variable was .184 (95% CI, -9.925 to 6.543) times that of male CEs, not

statistically significant, $\chi^2(1) = .162, p = .687$. The odds of CE specialty being in a higher category of the dependent variable was .312 (95% CI, -171.549 to 169.218) times that of any other specialty, though not statistically significant, Wald $\chi^2(1) = .000, p = .989$. The odds of CEs in a college CE setting strongly agreeing to the statement in item 47 regarding professional advocacy was 13.1 (95% CI, -160.905 to 179.877) times that of any other specialty, though not statistically significant, Wald $\chi^2(1) = .012, p = .913$. An increase in age (expressed in years) was associated with an increase in the odds of strongly agreeing with statement in item 47, with an odds ratio of 4.760 (95% CI, .388 to 2.732), Wald $\chi^2(1) = 6.806, p = .009$, statistically significant. Years of experience was associated with an increase in the odds of strongly agreeing with item 47, with an odds ratio of 1.299 (95% CI, -1.517 to 2.040), Wald $\chi^2(1) = .083, p = .773$. Results are reported in Table 36.

Table 36

Parameter Estimates for Item 47

				95% Confidence Interval		Exp B
	Wald	df	p	Lower	Upper	
Age	6.806	1	.009	.388	2.732	4.760
YearsExp	.083	1	.773	-1.517	2.040	1.299
[SPEC=1.00]	.000	1	.989	-171.549	169.218	.312
[SPEC=2.00]						
[Gender=1.00]	.162	1	.687	-9.925	6.543	.184
[Gender=2.00]						
[SETTING=1.00]	.012	1	.913	-160.905	179.877	13.1
[SETTING=2.00]						

Note. Spec 1 = counselor education, Spec 2 = all other specialties; Gender 1 = female,

Gender 2 = male; Setting 1 = college-CE, Setting 2 = all other settings

Of the 92 CEs sampled, many of the respondents indicated a primary specialty of CE on the PCAI. This was regressed to determine if this factor had a significant effect on professional advocacy. The results indicated this factor did not have a significant effect, the results are reflected in each parameter estimate table as indicated by the “SPEC” variable.

A cumulative odds ordinal logistic regression with proportional odds was run to determine the effect of specialty, gender, age, years of experience, and primary setting, on the beliefs of professional advocacy along a seven point Likert-type scale. There were proportional odds for all five items measured, as assessed by a full likelihood ratio test comparing the fitted model to a model with varying location parameters, $\chi^2(5) = 0.00, p = 1.00$ (item 43); $\chi^2(15) = 0.00, p = 1.00$ (item 44); $\chi^2(20) = 0.00, p = 1.00$ (item 45); $\chi^2(25) = 0.00, p = 1.00$ (item 46); and $\chi^2(20) = 0.00, p = 1.00$ (item 47). The deviance goodness-of-fit test indicated that the model was a good fit to the observed data, $\chi^2(103) = .506, p = 1.000$ (item 43); $\chi^2(211) = 1.355, p = 1.000$ (item 44); $\chi^2(265) = 22.979, p = 1.000$ (item 45); $\chi^2(319) = 24.732, p = 1.000$ (item 46); and $\chi^2(265) = 16.844, p = 1.000$ (item 47). The final model statistically significantly predicted the dependent variable over and above the intercept-only model, $\chi^2(5) = 130.766, p < .001$ (item 43); $\chi^2(5) = 146.790, p < .001$ (item 44); $\chi^2(5) = 320.695, p < .001$ (item 45); $\chi^2(5) = 326.109, p < .001$ (item 46); and $\chi^2(5) = 259.950, p < .001$ (item 47).

Effect of Specialty. Specialty was regressed further to determine if CEs with a specialty of counselor education differed from those who did not. For item 43, the odds of CE specialty being in a higher category of the dependent variable was .097 (95% CI, -

143.498 to 138.829) times that of any other specialty, though not statistically significant, Wald $\chi^2(1) = .001, p = .974$. Similar non-significant results were found for each subsequent DV when considering specialty. For item 44, the odds of CE specialty being in a higher category of the dependent variable was 1.052 (95% CI, -139.239 to 139.342) times that of any other specialty, not statistically significant, Wald $\chi^2(1) = .000, p = .999$. Item 45 produced similar results. The odds of CE specialty being in a higher category of the dependent variable on item 45 was 5.23 (95% CI, -11.948 to 24.47) times that of any other specialty, not statistically significant, Wald $\chi^2(1) = .454, p = .500$. The odds of CE specialty being in a higher category of the dependent variable was 8.8 (95% CI, -26.895 to 40.473) times that of any other specialty, not statistically significant, Wald $\chi^2(1) = .156, p = .693$, for item 46. The last item, 47, showed the odds of CE specialty being in a higher category of the dependent variable was .312 (95% CI, -171.549 to 169.218) times that of any other specialty, not statistically significant, Wald $\chi^2(1) = .000, p = .989$.

Effect of Gender. One of the independent variables examined against each dependent variable was gender. The odds of female CEs being in a higher category on the seven point Likert scale dependent variable when compared to males was 1.79 (95% CI, -35.260 to 114.717) times that of male CEs, not statistically significant, $\chi^2(1) = 1.078, p = .299$ for item 43, “I think it is important to advocate for the profession of counseling.” Considering whether CEs believe counselors must improve the public and professional image of counselors, item 44, the odds of female CEs being in a higher category of the dependent variable was .70 (95% CI, -14.400 to 124.230) times that of male CEs, not statistically significant, $\chi^2(1) = 2.411, p = .120$. The odds of female CEs being in a higher

category of dependent variable in item 45, "I have lost clients due to the lack of insurance coverage for counselors," was 8.9 (95% CI, 1.669 to 16.526) times that of male CEs, statistically significant, $\chi^2(1) = 5.762, p = .016$. The odds of female CEs being in a higher category of the dependent variable regarding job attainment on item 46, "I have been denied jobs in schools, mental health or other settings due to my degree/license as a counselor," was 18.265 (95% CI, -2.435 to 8.245) times that of male CEs, not statistically significant, $\chi^2(1) = 1.137, p = .286$. The odds of female CEs being in a higher category of the dependent variable was for item 47, "I have had the need to advocate for myself other than for the profession of counseling," was 184 (95% CI, -9.925 to 6.543) times that of male CEs, not statistically significant, $\chi^2(1) = .162, p = .687$. Overall, the effect was statistically significant for gender on item 45, but not for items 43, 44, 46, or 47.

Effect of Age. The age of the participants was also regressed against each DV and produced statistically significant results for three items, 46, 47, and 48. An increase in age was associated with an increase in the odds of strongly agreeing with statement in item 43, with an odds ratio of 3.4 (95% CI, -3.526 to 10.549), Wald $\chi^2(1) = .956, p = .328$. An increase in age was associated with an increase in the odds of strongly agreeing with statement in item 44, with an odds ratio of 28.995 (95% CI, -2.212 to 8.946), Wald $\chi^2(1) = 1.399, p = .237$. An increase in age was associated with an increase in the odds of strongly agreeing with statement in item 45, with an odds ratio of 6.296 (95% CI, .944 to 2.735), Wald $\chi^2(1) = 16.216, p = .000$, statistically significant. An increase in age (expressed in years) was associated with an increase in the odds of strongly agreeing with statement in item 46, with an odds ratio of 4.511 (95% CI, .791 to 2.222), Wald $\chi^2(1) =$

17.016, $p = .000$, statistically significant. An increase in age was associated with an increase in the odds of strongly agreeing with statement in item 47, with an odds ratio of 4.760 (95% CI, .388 to 2.732), Wald $\chi^2(1) = 6.806$, $p = .009$, statistically significant.

Effect of Years of Experience. Years of experience was also examined to determine whether this variable was a significant predictor of items 43-47 concerning professional advocacy. The examination did not yield significant results. For item 43, years of experience was associated with an increase in the odds of strongly agreeing with item 43, with an odds ratio of .812 (95% CI, -9.851 to 9.434), Wald $\chi^2(1) = .002$, $p = .966$. Years of experience was associated with an increase in the odds of strongly agreeing with item 44, with an odds ratio of 3.406 (95% CI, -6.562 to 9.013), Wald $\chi^2(1) = .095$, $p = .758$. Regarding item 45, years of experience was associated with an increase in the odds of strongly agreeing with the statement in this item, with an odds ratio of 1.647 (95% CI, -.267 to 1.265), Wald $\chi^2(1) = 1.629$, $p = .202$. Years of experience was associated with an increase in the odds of strongly agreeing with item 46, with an odds ratio of 1.484 (95% CI, -.214 to 1.004), Wald $\chi^2(1) = 1.618$, $p = .203$. The last item, 47, showed years of experience was associated with an increase in the odds of strongly agreeing with item, with an odds ratio of 1.299 (95% CI, -1.517 to 2.040), Wald $\chi^2(1) = .083$, $p = .773$.

Effect of Setting. Primary setting was also examined in relation to the DV, and did not produce statistically significant results. The odds of CEs in a college counselor education setting strongly agreeing to the statement in item 43 regarding professional advocacy was 1.86 (95% CI, -135.435 to 150.495) times that of any other specialty, not

statistically significant, Wald $\chi^2(1) = .011, p = .918$. The odds of CEs in a college CE setting strongly agreeing to the statement in item 44 regarding professional advocacy was 2.3 (95% CI, -132.833 to 148.370) times that of any other specialty, not statistically significant, Wald $\chi^2(1) = .012, p = .914$. The odds of CEs in a college CE setting strongly agreeing to the statement in item 45 regarding professional advocacy was 29.7 (95% CI, -14.767 to 21.550) times that of any other specialty, not statistically significant, Wald $\chi^2(1) = .134, p = .714$. The odds of CEs in a college CE setting strongly agreeing to the statement in item 46 regarding professional advocacy was .026 (95% CI, -37.196 to 29.883) times that of any other specialty, not statistically significant, Wald $\chi^2(1) = .046, p = .831$. The odds of CEs in a college CE setting strongly agreeing to the statement in item 47 regarding professional advocacy was 13.1 (95% CI, -160.905 to 179.877) times that of any other specialty, not statistically significant, Wald $\chi^2(1) = .012, p = .913$.

Summary

The answer to RQ1, whether variables of specialty, gender, age, years of experience in the counseling field, and primary work setting in CEs predict the attitude of perceived importance of professional advocacy, is inconsistent. Of the CEs sampled, it appears that while the majority of CEs strongly agree with item 43 (59.8%), “I think it is important to advocate for the profession of counseling,” and strongly agree with item 44 (59.8%), “I believe counselors must improve the public and professional image of counselors,” they lean neither way in item 45, with the majority (22.8%) reporting they neither agreed nor disagreed to “I have lost clients due to the lack of insurance coverage for counselors.” Item 46 produced an unexpected response with the bulk of participants

reporting they strongly disagreed (23.9%) with the statement “I have been denied jobs in schools, mental health or other settings due to my degree/license as a counselor.” Lastly, most of the respondents agreed with item 47 (39.1%), “I have had the need to advocate for myself other than for the profession of counseling.” However, despite the similar responses between CEs on multiple PCAI inquiries, as is consistent with SIT and the opinions of multiple leading counseling organizations that professional advocacy is important to CEs, the results of the ordinal regression produced few statistically significant responses, thus it cannot be said all the predictor variables produced significant results for all the outcomes variables. It is possible other factors not examined as part of this analysis were responsible for the outcome. The potential confounding variables are discussed further in the Recommendations section of Chapter 5.

The results of the analysis were described in this chapter. An ordinal regression conducted in SPSS 21 produced minimal statistically significant results, therefore, many of the variables investigated in this research study do not seem to be robust predictors of professional advocacy in the CE population. Potential explanations for why this may have occurred are discussed in the following chapter.

Chapter 5 also includes additional interpretation of the study findings, outlines limitations of the study, suggests ideas for future research, discusses implications for social change, and a conclusion for readers.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative study was to better understand the importance of professional advocacy among CEs, using the PCAI, and thus fill a gap in the literature. The variables of primary specialty, gender, age, years of experience in the counseling field, and primary setting were used in this study to regress the perceived importance of professional advocacy for CEs. This study involved measuring attitudes about variables using an ordinal regression while focusing on one group, CEs, a method consistent with a SIT framework and intergroup behavior within a population. The PCAI was used to measure predictor and outcome variables, while focusing on the *Importance for and Need to Advocate* domain.

Key Findings

The findings of this study have implications for professional identity. According to the results, while CE participants selected similar responses to the DV items and overall, they marked *agreed* or *strongly agreed* with the statements about advocacy in Items 43 and 44, there were some unanticipated majority responses to Items 45, 46, and 47. While CEs had similar opinions about some aspects of professional advocacy, their opinions differ about other aspects. CEs' responses were in agreement on the inquiries about public image and advocating for the profession, but they were inconsistent on the inquiries about insurance coverage, job attainment, and self-advocacy. This could reflect differences in the strength of an individual's professional identity with respect to various elements of professional advocacy. Their responses in different areas of professional

advocacy might be increasingly varied if their professional identity were weaker, and more consistent between responses if professional identity were stronger. For example, a strong professional identity as it relates to some elements of advocacy may be more closely aligned with the opinions of professional organizations on the same matters. Reversely, a weaker identity as it relates to other advocacy elements may differ more significantly from popular opinion. Said another way, inconsistency in an individual's professional identity could explain why some participants strongly agreed that it is important to advocate for the profession of counseling (Item 43) but disagreed with other inquiries about the importance of professional advocacy. Thus, a stronger, more homogenous professional identity may be required in order for a CE to consistently perceive multiple elements of professional advocacy as important.

Considering the multiple covariates that were used in this study, it is thought-provoking only a few of those covariates seemed to be significant predictors of professional advocacy perceptions. The characteristic of gender as it related to professional advocacy perceptions was found significant in some instances, but not in others. The results regressed using the gender variable could be more indicative of the unbalanced gender presence in the counseling field. It is widely known there are more females than males working in the counseling profession and the significant predictions based on gender may be attributed to this fact, rather than due to a true difference between genders. For example, if an equal number of both males and females had participated in this study, the results based on gender may have turned out different. Although some elements of professional advocacy were significantly predicted by gender

in this study, this finding was not consistent among all inquiries. The findings on gender was not a surprise if only for the fact that the gender represented in the various counseling subfields is predominantly female. Until the time when the counseling profession as a whole becomes more gender balanced, a clear indication of professional advocacy perceptions based on gender may not be available.

The three significant effects resulting from the regression using the age variable may indicate that as an individual spends more time in the CE field, their opinions on advocacy change. Though, if this assumption were true, a significant result would also be expected for years of experience. As an individual's age increases, an assumption might be made that years of experience should also increase. As the effect of age was shown to be significant in this study, it is curious the same was not identified for years of experience. However, many individuals choose counseling as a second profession, and as a result age and experience may not always be positively correlated. As more individuals continue to choose the counseling field for their first careers, as evidenced by considerable enrollment rates in professional counseling programs, a stronger correlation between perceptions based on age and years of experience may be possible in the future.

Disappointingly, specialty, years of experience, nor setting significantly predicted the level of agreement with any of the statements on professional advocacy. It was a surprise additional variables were not found to be significant predictors of professional advocacy perceptions, particularly the variables of years of experience and specialty. As discussed in the prior paragraph, years of experience was not found to be a significant predictor of advocacy perceptions despite the relationship with age. It was suspected a

CEs interest in professional advocacy might vary depending on what their specialty interest is. As some subfields of counseling, and thus subfields of counselor education, might be more advocacy-oriented, it was curious there were no significant findings regressed from CEs whose specialty was counselor education versus those that whose specialty was not counselor education.

The findings discussed above indicate the counselor education field, as well as the field of professional counseling in general, may benefit from increased attention devoted to professional identity as it relates to professional advocacy. As results appeared to be inconsistent between professional advocacy elements as well as between CE participants in some instances, revisiting the importance of this practice through continued education is needed. This is perhaps the most important deduction made from the results of this study and carries implications for the framework used in this research. Considering the insignificant findings based on gender, as well as the general literature regarding gender in the counseling field, benefits may be witnessed from a fair balance between male and female counselors and CEs. As age was found to be statistically significant, hopefully with the influx of individuals joining the profession earlier in life, and thus earning more years of experience in the field sooner, this may have implications for the significance of age as well as years of experience on professional advocacy perceptions.

The findings from this study also prompt consideration for consistency in teaching students about professional advocacy. If CEs responses to inquiries about professional advocacy are so varied, this may mean their teaching of this subject is also inconsistent or contradictory. This may indicate a potential need for the restructuring of

curriculum, professional training, and the educational experiences future professional counselors receive. Potentially, this also may mean a burgeoning CE whose mentor, advisor, or educational program puts a stronger emphasis on professional advocacy might also influence the mentee's perceptions on this topic.

Interpretation of the Findings

The results of this study helped extending the knowledge about professional advocacy in CEs, a sector that has been historically under examined. Of the studies discussed in chapter two with a primary focus on CEs, none used a regression or prediction as the analysis method. None explored the *importance* of professional advocacy other than as a byproduct of the primary research goal. Discussed below are some apparent differences between the prior research discussed earlier in this paper, and the current inquiry.

Eriksen (1999) conducted a qualitative ethnographic study in an attempt to understand professional advocacy thoughts and actions. While Eriksen (1999) used observations and interviews to identify themes, this study used a questionnaire to further the amount of knowledge and research available in a population, CEs. Field and Baker (2004) also used interviews in a qualitative inquiry. Similar to Eriksen (1999), the intent of Field and Baker's (2004) research was also to identify themes, whereas the method of the current research was targeted at using scores from a normed measurement to make conclusions. Myers and Sweeney (2004) chose a quantitative method in order to measure the success of efforts aimed at advocacy. Their research focused on professional counselors arguably in a position of authority while the current study did not narrow the

population of CEs. Myers' and Sweeney's (2004) research resulted in primary conclusions regarding advocacy resources, however, also dedicated a significant portion of the research to professional advocacy importance, comparable to the current research.

White and Semivan's (2006) qualitative research focused on the differences between professional advocacy and client advocacy in addition to defining the purpose of professional advocacy. The current study did not seek to compare various forms of advocacy, or define professional advocacy, but rather expand the knowledge regarding the importance of advocacy in its professional form. Calley and Hawley (2008) examined the effect of theoretical orientation, training, education, and professional membership on CEs using a survey. While the data collection method and population were similar to the methods of the current study, a normed measure used with CEs, the primary variables of interest differed, as did the analysis method. Gronholt (2009) compared attitudes on legislative advocacy between faculty and students in psychology programs using a Likert-type survey. The method of inquiry and analysis used were similar to that of the study at hand, however, the population examined by Gronholt (2009) was distinctly different from the CE population used in the present study. Kindsfater (2009) also examined professional advocacy in psychologists rather than CEs, though the Likert-type survey method and predictive analysis were consistent with the methods used in this study. Kindsfater (2009), however, was most interested in professional advocacy barriers rather than the importance psychologists placed on elements of professional advocacy. Lange (2009) conducted a quantitative survey study to examine the relationship between ACA member's professional affiliations and advocacy attitudes. Lange's (2009) study

and the present study were both interested in attitudes about advocacy and used normed measures to inquire about participants' perceptions. While Lange (2009) was interested in ACA members regardless of their counseling subfield, the current study modified the population to include only CEs, who may or may not have been ACA members. White's (2009) qualitative inquiry had a larger focus on counselor advocate development, rather than the act of advocacy or the importance of the action. The interview methods employed by White (2009) were used to generate themes, rather than make predictions as the current study did. The qualitative study conducted by Luke and Goodrich (2010) used interviews to explore the identity development of career counselors who were also budding leaders in a professional organization. Similar to the current study, Luke and Goodrich (2010) were also interested in the relationship between participant characteristics and attitudes. The current study is most closely related to, and primarily expands on, the work done by de la Paz (2011). The present study used the PCAI, developed by de la Paz in 2011, but unlike de la Paz's research, focuses on a narrowed niche of the counseling profession, CEs. The current study expanded on de la Paz's work regarding professional advocacy importance, and generated responses similar to those of de la Paz's study on items 43 and 44, with the majority of participants indicating *strongly agree* to the inquiries.

Mellinger and Kolomer's (2013) survey study concentrated on the social work field in relation to rates of participation in advocacy, while the current study centered on the CE population and attitudes of perceived importance. Despite these differences, a similar analysis method was used in Mellinger and Kolomer's (2013) study as was used

in the current study which allowed for predictions to be made about both respective populations. Reiner et al. (2013) also examined CEs using survey methods which indicated a strong professional identity is needed for advocacy to be effective. The current study expanded upon Reiner et al.'s (2013) study by examining the same population, but narrowing the outcome focus to professional advocacy importance perceptions. Lastly, the research completed by Mellinger (2014) examined community advocacy in socialwork using methods similar to those in the present study; survey collection methods and regression analyses.

The primary difference between the prior research reviewed and the current research is the population examined and analysis method used. While other researchers have examined CEs, those studies did not have a primary focus of advocacy importance in this population. This study helped fill the gap by focusing on the importance CEs assign to various elements of professional advocacy. The current study helped establish CEs believe advocating for the profession of counseling is important overall as evidenced by the responses to item 43, the most straightforward inquiry about the importance of advocacy in this study, even if the responses were not predicted by the independent variables used in this study.

Based on SIT, this study hypothesized CEs would follow the established norms of dominant professional groups, and thus fellow CEs, and perceive elements of professional advocacy as important; this finding was affirmed by the responses to items 43 and 44. On the other hand, responses to items 45, 46, and 47 illustrated more variation and were conflicting with the primary principles of SIT. It does not appear a CE with a

CE specialty had a statistically significant predictive effect on the importance of professional advocacy. While CEs appear to have similar views on professional advocacy importance, when further regressed, it cannot be said whether this is due to the similarity in specialty, or due to other factors not explored in this study.

The findings are in agreement with SIT when considering participant responses to items 43 and 44. CEs all responded similarly and indicated they perceive professional advocacy as important. Reversely, responses to items 45, 46, and 47 varied; findings that are in contrast to what might be expected when considering the principles of SIT as it relates to groups described in chapter two. Following the guidelines of SIT, that individuals will think and act in congruence to the social norms of a given social group, it is curious why more consistency between responses to all inquiries was not present. These inconsistent findings may speak to the level of professional identity needed in order to identify with the strongest possible conviction that professional advocacy is important for the good of the counseling field. As it stands, the results of this study indicate the principles of SIT cannot be applied to the population used in this study, nor to the counselor education field as a whole in relation to professional advocacy.

Limitations of the Study

Highlighted in Chapter 1 were the potential limitations of the present study. Discussed here are the ramifications of these limitations on the study. Concerning study regression, there was one extreme score on Item 43, this might be due to the participants misunderstanding the question, or truly disagreeing advocacy is important. Outliers that differed from the main data trend may be due to participant misinterpretation of the

question and answer selections. Participants may have chosen to participate in this research due to their own interest in professional advocacy, potentially skewing the results, known as selection bias. Furthermore, the discontinuation rate was 4.17%, as four dropped out before completing the questionnaire, their responses were not used in analysis. Another limitation in the form of constructs was present. The participants may have had their own ideas of what terms used in the questionnaire meant, and answered the questions based on their own ideas rather than the definitions used in this study, this is discussed further in the next paragraph. While I was cautious not to allude to any study expectations, it is possible participants responded the way they believed I would have desired them to respond. Generalizability for this study was not as good as was anticipated due to the change in sampling strategy. As a secondary probability strategy was not employed, the participants were not randomly selected resulting in lower external validity than originally anticipated. The high multicollinearity levels, that is, the measured relationship between variables, indicates the results may not generalize well to all CEs.

Another limitation emerged during data screening. While examining the data, it was discovered that although all of the participants recruited were CEs, presumably with a focus on counselor education within that role, some chose various other primary specialties. This factor was explored in the regression analysis and it was determined this variable did not have a significant predictive effect on participant responses.

Nevertheless, in future research when targeting populations for analysis, this construct should be further clarified. For example, in the study description section, or in the participant directions paragraph of future studies, researchers should consider providing

detailed operational definitions directly to potential participants which those participants should be aware of and operate from. Although G*Power was used to calculate sample size, it is possible the number of predictors was too high for the sample size indicated. It is also possible other predictors not measured in this study may more accurately predict professional advocacy. Potential confounding variables, and thus potential areas for future research, are discussed in the Recommendations section. Finally, it is important to note the limitations discussed in this section only apply to the study and sample at hand and other replications of this study with different data sets may produce different results.

The results of this study do not consistently support SIT. While all the participants were CEs, extraneous variables such as age, years of experience, level of conviction of professional identity, and other unknown characteristics not measured for this study may have had an impact on the findings. The presence of discriminate traits in participants are quite varied in this study, yet the sample size small, the variability between participants in a study this size may have hindered the ability to make accurate determinations of how SIT applies to the population sampled. While results were inconsistent, interestingly, this hypothesis may speak to how diverse the counselor education and counseling fields have become and serve as a reminder that there may not be a one size fits all approach, solution, or way of thinking in regard to professional advocacy issues.

Recommendations

Future research may benefit from examining characteristics from the PCAI that were not examined for the purpose of this study: race/ethnicity, disability status, degree attained, license, and state of residence, in order to determine if other factors are

predictive of an individual's perception of professional advocacy. For example, future researchers may choose to investigate whether additional characteristics, such as those named above, are known to influence perceptions. Further analysis can help determine if any traits significantly predict professional advocacy perceptions. Those traits can ultimately be used to identify individuals whose interest and passion may lie in professional advocacy. This may allow individuals, as well as organizations, to harness the strengths of individuals in order to identify those who are best suited to engage in professional advocacy. As Calley and Hawley (2008) noted in their study, theoretical orientation may also have an effect on the participant's perceived importance of professional advocacy. Researchers might collect questionnaire data on the orientation of participants and use the data on orientation to regress the advocacy perceptions of CEs. Researchers might use the data collected in an attempt to correlate the characteristics of theoretical orientation with professional advocacy perceptions. An examination of these additional variables may provide valuable knowledge on this topic as further research could identify significant traits that predict professional advocacy perceptions. This, in turn, could be used to identify CEs who are better suited at engaging in professional advocacy. Future researchers may also benefit from using a larger sample size to increase generalizability to other CEs, or a different analysis method such as a qualitative approach similar to the method used by Eriksen (1999), Field and Baker (2004), or White (2009) in order to tease out themes on professional advocacy. Scholars may also wish to further narrow the population to leaders in the counselor education field, similar to the leadership approach used in Myers and Sweeney's (2004) study. A comparison of

responses to identical advocacy inquiries between CE faculty and students such as the study Gronholt did in 2009 may also be warranted, particularly between faculty and students in CES PhD programs. It may be worth examining whether counseling or counselor education as an initial or subsequent career has an impact on advocacy perceptions. In this study, age and years of experience were examined as potential significant predictors of professional advocacy. While significant findings might be expected with both of these traits, rather than only one trait due to the connection between these characteristics, in this study age was found significant in some instances while years of experience was not determined to be significant in any calculations. Additional studies might compare the perceptions of individuals who selected counseling as their first career, and thus are older and presumably have more years of experience, with individuals who chose counseling as a second career who thus are older but may have less years of experience in the counseling field.

Lastly, based on the curious finding that the majority of responses in both studies that have used the PCAI came from the state of Texas, future researchers may choose to examine whether state or geographical region has a significant effect on professional advocacy perceptions. This may have occurred as a result of the sheer number of counselors and thus counselor educators in the state of Texas, or may be indicative of a state or regional counseling association such as the Texas Counseling Association (TCA) or Southern Association for Counselor Education and Supervision (SACES) that is more active in this arena. In addition to region, investigating whether participants are members of state, regional, or national organizations may help determine if organizational

membership is a factor that predicts the importance CEs assign to professional advocacy. Examining these phenomena further can be useful in identifying geographical areas in which stronger professional efforts are needed as well as where they already exist, and for identifying how CEs in certain areas can be better used in professional advocacy efforts. It may also be useful for identifying organizations whose advocacy efforts are successful so that their methods may be mirrored in other organizations.

Implications

At the individual level, this research may help to strengthen professional identities of CEs, while simultaneously increasing positive feelings about the counselor education field. Not only can research on professional advocacy prompt conversation about areas that can be improved, the research has the potential to spark interest in new CEs, or reignite the flame in CEs whose passion for the topic has waned. At the organizational level, this research may assist in improving counselor trustworthiness for the general public, and help strengthen the professional identities of CEs. By rekindling individual's interest in professional advocacy, they may begin to more strongly identify with the field, and thus work to ensure the counseling field as a whole is recognized in society. At the societal and policy level, this research could foster an increase in participation in professional advocacy. Through reiterating the topic of professional advocacy in research, this may prompt CEs unsatisfied with policies to advocate for change. Ultimately, for social change, this research can operate as a conduit for the sharing of ideas on how to improve advocacy efforts, and be helpful in outlining strategies for

follow-up research targeted at improving the status of the counselor education and counseling fields in relation to professional advocacy.

Conclusion

This research examined professional advocacy in CEs ($N = 92$) using an advocacy questionnaire and ordinal regression analysis. This research was designed to collect data in an effort to make predictions regarding professional advocacy based on demographic characteristics. The results indicated that while CEs responded similarly to many of the study inquiries believing professional advocacy is important, it was determined only a few responses were predicted by the variables examined in this study. Age, and gender significantly predicted the inquiry on insurance coverage, “I have lost clients due to the lack of insurance coverage for counselors,” while only age significantly predicted the statements on job securement “I have been denied jobs in schools, mental health or other settings due to my degree/license as a counselor,” and self-advocacy, “I have had the need to advocate for myself other than for the profession of counseling.” The findings suggest CEs believe many elements of professional advocacy is important, though it is unclear which factors other than age and gender are potentially significant predictors of this phenomena. It is my sincere hope that future research on professional advocacy will be conducted in the CE population so that the knowledge gained can contribute to the continued prosperity of the counseling and counselor education fields.

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Appendix A: Electronic Message to Participants

Initial Invitation to CACREP Liaisons

Dear Counselor Educator:

This communication is to request your participation in a dissertation research project titled *Predicting the Perceived Importance of Professional Advocacy in Counselor Educators*. This study is being conducted by me, Rebecca D. Nate, a doctoral student in the Counselor Education and Supervision program at Walden University. I am reaching out to CACREP liaisons as identified in the CACREP directory with the hope that you will partake in this study and forward the invitation to others you know who might meet the criteria. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part. Professional counselors with a minimum of a master’s degree who primarily identify with the professional identity of a counselor educator are the intended sample.

The purpose of this study is to utilize the Professional Counselor Advocacy Inventory (PCAI) developed by de la Paz (2011) to gather information regarding perceptions of professional advocacy preparation, skills and qualities, importance/need, barriers, support, and efforts of professional counselors. In this study, the population will be limited to examining the perceptions of counselor educators as a sample. The data collected will be used to examine in-depth counselor educator’s perceptions of professional advocacy in regards perceived importance. The 74-question Likert-type scale questionnaire will take approximately 15-20 minutes of your time.

If you agree to be in this study, you will be asked to:

- Review this form in its entirety
- Complete a one-time 74-item questionnaire that will take approximately 15-20 minutes
- Submit the completed questionnaire

Below are two sample questions of interest, with responses based on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*):

- I think it is important to advocate for the profession of counseling
- I have had the need to advocate for myself other than for the profession of counseling

Participation in this study is voluntary; there is no consequence for withdrawing from the study at any time, the alternative would be not to participate. If you choose to forego participation or withdraw at any time, your decision will be respected. The risks associated with this study are determined to be minimal and may include minor discomfort that can be encountered in daily life, such as fatigue, stress, or becoming

emotional about the topic. The data collected will be anonymous, therefore no identifying link to questionnaires will be established. There is no compensation associated with this study. The data collected may potentially help expand the literature base on professional advocacy, strengthen the identity of counselor educators, and reinforce the importance of advocating on behalf of the counseling discipline.

In order to participate in the study, you may click the link below. Each question must be answered in order to progress forward within the questionnaire. If you are not directed to the link immediately, you may also cut and paste the link into a web browser. Consent is indicated through participation, completion, and submission of the questionnaire.

<http://pcai.questionpro.com/>

Walden University's approval number for this study is 12-09-14-0085099 and it expires on December 8, 2015. Data will be collected until January 21, 2015. I have no known conflicts of interest to disclose at this time. Please print or save this consent form for your records. For more information please contact the principal investigator, Rebecca D. Nate via email at rebecca.nate@waldenu.edu, Dr. Laura Haddock, my dissertation chair at laura.haddock@waldenu.edu, or Walden University at 612-312-1210 to inquire about your rights as participants.

Thank you in advance for your participation.

Rebecca D. Nate, MS, LPC, NCC
Doctoral Student
Walden University

Second Invitation to CACREP Liaisons

Dear Counselor Educator:

This communication is to request your participation in a dissertation research project titled *Predicting the Perceived Importance of Professional Advocacy in Counselor Educators*. This study is being conducted by me, Rebecca D. Nate, a doctoral student in the Counselor Education and Supervision program at Walden University. I am reaching out to CACREP liaisons as identified in the CACREP directory with the hope that you will partake in this study and forward the invitation to others you know who might meet the criteria. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part. Professional counselors with a minimum of a master’s degree who primarily identify with the professional identity of a counselor educator are the intended sample. **If you have already completed this questionnaire I extend my gratitude and ask you to refrain from completing the questionnaire a second time, though you may continue to distribute this request to other participants you believe may qualify.**

The purpose of this study is to utilize the Professional Counselor Advocacy Inventory (PCAI) developed by de la Paz (2011) to gather information regarding perceptions of professional advocacy preparation, skills and qualities, importance/need, barriers, support, and efforts of professional counselors. In this study, the population will be limited to examining the perceptions of counselor educators as a sample. The data collected will be used to examine in-depth counselor educator’s perceptions of professional advocacy in regards perceived importance. The 74-question Likert-type scale questionnaire will take approximately 15-20 minutes of your time.

If you agree to be in this study, you will be asked to:

- Review this form in its entirety
- Complete a one-time 74-item questionnaire that will take approximately 15-20 minutes
- Submit the completed questionnaire

Below are two sample questions of interest, with responses based on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*):

- I think it is important to advocate for the profession of counseling
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Participation in this study is voluntary; there is no consequence for withdrawing from the study at any time, the alternative would be not to participate. If you choose to forego participation or withdraw at any time, your decision will be respected. The risks associated with this study are determined to be minimal and may include minor discomfort that can be encountered in daily life, such as fatigue, stress, or becoming

emotional about the topic. The data collected will be anonymous, therefore no identifying link to questionnaires will be established. There is no compensation associated with this study. The data collected may potentially help expand the literature base on professional advocacy, strengthen the identity of counselor educators, and reinforce the importance of advocating on behalf of the counseling discipline.

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Thank you in advance for your participation.

Rebecca D. Nate, MS, LPC, NCC
Doctoral Student
Walden University

Initial Invitation to Open Forum

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Thank you in advance for your participation.

Rebecca D. Nate, MS, LPC, NCC
Doctoral Student
Walden University

Second Invitation to Open Forum

Dear Counselor Educator:

This is the second request for participation in a dissertation research project titled *Predicting the Perceived Importance of Professional Advocacy in Counselor Educators*. This study is being conducted by Rebecca D. Nate, a doctoral student in the Counselor Education and Supervision program at Walden University. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part. Professional counselors with a minimum of a master’s degree who primarily identify with the professional identity of a counselor educator are the intended sample. **If you have already completed this questionnaire I extend my gratitude and ask you to refrain from completing the questionnaire a second time.**

The purpose of this study is to utilize the Professional Counselor Advocacy Inventory (PCAI) developed by de la Paz (2011) to gather information regarding perceptions of professional advocacy preparation, skills and qualities, importance/need, barriers, support, and efforts of professional counselors. In this study, the population will be limited to examining the perceptions of counselor educators as a sample. The data collected will be used to examine in-depth counselor educator’s perceptions of professional advocacy in regards perceived importance. The 74-question Likert-type scale questionnaire will take approximately 15-20 minutes of your time.

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- Review this form in its entirety
- Complete a one-time 74-item questionnaire that will take approximately 15-20 minutes
- Submit the completed questionnaire

Below are two sample questions of interest, with responses based on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*):

- I think it is important to advocate for the profession of counseling
- I have had the need to advocate for myself other than for the profession of counseling

Participation in this study is voluntary; there is no consequence for withdrawing from the study at any time, the alternative would be not to participate. If you choose to forego participation or withdraw at any time, your decision will be respected. The risks associated with this study are determined to be minimal and may include minor discomfort that can be encountered in daily life, such as fatigue, stress, or becoming emotional about the topic. The data collected will be anonymous, therefore no identifying link to questionnaires will be established. There is no compensation associated with this study. The data collected may potentially help expand the literature base on professional

advocacy, strengthen the identity of counselor educators, and reinforce the importance of advocating on behalf of the counseling discipline.

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Thank you in advance for your participation.

Rebecca D. Nate, MS, LPC, NCC
Doctoral Student
Walden University

Final Invitation to Open Forum

Dear Counselor Educator:

This is the final request for participation in a dissertation research project titled *Predicting the Perceived Importance of Professional Advocacy in Counselor Educators*. This study is being conducted by Rebecca D. Nate, a doctoral student in the Counselor Education and Supervision program at Walden University. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part. Professional counselors with a minimum of a master’s degree who primarily identify with the professional identity of a counselor educator are the intended sample. **If you have already completed this questionnaire I extend my gratitude and ask you to refrain from completing the questionnaire a second time.**

The purpose of this study is to utilize the Professional Counselor Advocacy Inventory (PCAI) developed by de la Paz (2011) to gather information regarding perceptions of professional advocacy preparation, skills and qualities, importance/need, barriers, support, and efforts of professional counselors. In this study, the population will be limited to examining the perceptions of counselor educators as a sample. The data collected will be used to examine in-depth counselor educator’s perceptions of professional advocacy in regards perceived importance. The 74-question Likert-type scale questionnaire will take approximately 15-20 minutes of your time.

If you agree to be in this study, you will be asked to:

- Review this form in its entirety
- Complete a one-time 74-item questionnaire that will take approximately 15-20 minutes
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Below are two sample questions of interest, with responses based on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*):

- I think it is important to advocate for the profession of counseling
- I have had the need to advocate for myself other than for the profession of counseling

Participation in this study is voluntary; there is no consequence for withdrawing from the study at any time, the alternative would be not to participate. If you choose to forego participation or withdraw at any time, your decision will be respected. The risks associated with this study are determined to be minimal and may include minor discomfort that can be encountered in daily life, such as fatigue, stress, or becoming emotional about the topic. The data collected will be anonymous, therefore no identifying link to questionnaires will be established. There is no compensation associated with this study. The data collected may potentially help expand the literature base on professional

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Thank you in advance for your participation.

Rebecca D. Nate, MS, LPC, NCC
Doctoral Student
Walden University

Appendix B: Professional Counselor Advocacy Inventory

Professional Counselor Advocacy Inventory

This inventory takes approximately fifteen minutes to complete.

Professional counselor advocacy is a goal-oriented, multi-level process aimed to create change by using personal and professional skills to promote, empower, support, and/or protect the growth and development of the professional, the profession and the consumers its serves. This process is developed by counselors and the profession itself having a strong professional identity and through advocacy strategies such as consumer education, professional education, legislative and community collaboration, and positive communication of individual counselors and the profession.

Section I – Knowledge of Professional Advocacy

The following is a question regarding your knowledge of professional advocacy. Rate the item using the scale Strongly Disagree to Strongly Agree to indicate your level of agreement with the statement.

	Level of Agreement							
	Not Applicable	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
1. I know how to advocate for the profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following are questions regarding **where you gained your knowledge** of professional advocacy. For each item, indicate if you gained knowledge from that source. If you check yes for a source then rate each specific type of source using the scale Strongly Disagree (1) to Strongly Agree (7).

2. I gained knowledge of professional advocacy from my masters or doctoral educational program.

Yes ☐ No ☐

3. If yes, then rate to what degree you gained knowledge of professional advocacy from each educational program using the scale Strongly Disagree to Strongly Agree to indicate your level of agreement. Note: If you did not attend a specific educational program, then choose "Not Applicable" for that item.

	Level of Agreement							
	Not Applicable	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
Masters Program in Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masters Program in related field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral Program in Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral Program in related field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you gained this knowledge from an education program in a field other than counseling, please indicate which field below:

5. I gained knowledge of professional advocacy from association conference(s) or workshop(s).
Yes ☐ No ☐

6. If yes, then indicate to what degree you gained knowledge of professional advocacy from each conference or workshop source using the scale Strongly Disagree to Strongly Agree to indicate your level of agreement.
Note: If you did not gain knowledge from a particular conference or workshop source, then choose "Not Applicable" for that item.

	Level of Agreement							
	Not Applicable	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
American Counseling Association conference or workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Association of ACA (Midwest, North Atlantic, Southern and Western regions) conference or workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Division of ACA conference or workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Association of ACA conference or workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Professional Association (APA, NASW, other) conference or workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chi Sigma Iota workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other association conference or workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. If you gained knowledge of professional advocacy from attending a conference or workshop of professional association(s) other than ACA or Chi Sigma Iota, please list them below:

8. I gained knowledge of professional advocacy from publications.
Yes ☐ No ☐

9. If yes, then indicate to what degree you gained knowledge of professional advocacy from each publication source using the scale Strongly Disagree to Strongly Agree to indicate your level of agreement: **Note: If you did not gain knowledge from a particular publication source, then choose "Not Applicable" for that item.**

	Level of Agreement							
	Not Applicable	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
American Counseling Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Association of ACA (Midwest, North Atlantic, Southern and Western regions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Division of ACA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Association of ACA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Professional Association (APA, NASW, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chi Sigma Iota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. If you gained knowledge of professional advocacy from a publication source other than ACA or Chi Sigma Iota, please list them below:

11. I gained knowledge of professional advocacy from website(s).
 Yes ☐ No ☐

12. If yes, then indicate to what degree you gained knowledge of professional advocacy from each website source using the scale Strongly Disagree to Strongly Agree to indicate your level of agreement: **Note: If you did not gain knowledge from a particular website source, then choose "Not Applicable" for that item :**

	Level of agreement							
	Not Applicable	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
American Counseling Association website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Association of ACA (Midwest, North Atlantic, Southern and Western regions) website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Division of ACA website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Association of ACA website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chi Sigma Iota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If you gained knowledge of professional advocacy from the website(s) of professional association(s) other than ACA or Chi Sigma Iota, please list them below:									
14. I gained knowledge of professional advocacy modeled or taught by others. Yes <input type="checkbox"/> No <input type="checkbox"/>									
15. If yes, then indicate to what degree you gained knowledge of professional advocacy modeled by others using the scale Strongly Disagree to Strongly Agree to indicate your level of agreement: for each item below: Note: If you did not gain knowledge from a particular source, then choose Not Applicable for that item.									
	Level of agreement								
	Not Applicable	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree	
Modeled/taught by colleague with counseling degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Modeled/taught by colleague with related degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Modeled/taught by LPC/LMHC supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Modeled/taught by other supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section II - Professional Advocacy Skills and Qualities

Please read the following statement(s) regarding professional advocacy skills and indicate the extent to which you agree using the scale Strongly Disagree (1) to Strongly Agree (7).

	Level of Agreement						
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
I believe that I have the following skills for professional advocacy:							
16. Take an educational approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Acceptance (i.e., inclusive nature, embracing differences).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Relationship building (i.e., communication skills, listening skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Emotional independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Realistic goal setting (assess needs, define goals, implement research-based interventions, evaluate outcomes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Time management and organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please read the following statement(s) regarding the qualities related to professional advocacy and indicate the extent to which you agree using the scale Strongly Disagree (1) to Strongly Agree (7).

	Level of Agreement						
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
I believe I have the following qualities for professional advocacy:							
24. Interest/Passion (i.e., drive, enthusiasm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Resilience, persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Tough, forceful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Life-long learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Self-confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III- Advocacy Efforts

Please read the following statement(s) regarding professional advocacy efforts and indicate the extent to which you agree using the scale Strongly Disagree (1) to Strongly Agree (7).

	Level of Agreement						
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
30. I educate other professionals (social workers, psychologists, psychiatrists, nurses, administrators, and educators) about the counselor preparation, licensure and abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I educate other professionals (social workers, psychologists, psychiatrists, nurses, administrators, and educators) about the role of a counselor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I educate other professionals (social workers, psychologists, psychiatrists, nurses, administrators, and educators) about the similarities and differences of counseling to other professions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I build alliances with other professionals (social workers, psychologists, psychiatrists, nurses, administrators, and educators) regarding consumer and professional issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I build alliances with other counselors (school, mental health, rehabilitation, college, private practice, etc.) regarding consumer and professional issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I conduct service projects representing the counseling profession in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I create multi-media activities informing the public about client issues and/or awareness of the counseling profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. I conduct and publish research on the counseling theories and techniques that I use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I educate, model and promote prevention and wellness strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I belong to one or more professional associations for counselors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I attend at least one conference for the counseling profession a year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. I am on one or more board or committees within the counseling profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. I participate in legislative activities such as letter writing campaigns and contacting members of congress regarding job opportunities, scope of practice, and systemic barriers to employment for counselors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Section IV – Importance for and need to advocate

The following are questions related to the **importance** for and **need** to advocate. Rate each item using the scale Strongly Disagree (1) to Strongly Agree (7) to indicate your level of agreement with each statement.

	Level of Agreement						
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
43. I think it is important to advocate for the profession of counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. I believe counselors must improve the public and professional image of counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. I have lost clients due to the lack of insurance coverage for counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. I have been denied jobs in schools, mental health or other settings due to my degree/license as a counselor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. I have had the need to advocate for myself other than for the profession of counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V – Barriers to professional advocacy

The following are questions related to the **barriers** to professional advocacy. Rate each item using the scale Strongly Disagree (1) to Strongly Agree (7) to indicate your level of agreement with each statement.

	Level of Agreement						
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
<i>I believe that the following are barriers to conducting professional advocacy:</i>							
48. Lack of knowledge of professional advocacy strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. I lack the ability to explain my credentials (training, education, etc.) what I do as a counselor, and how my profession compares to others (i.e., social work, psychology).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Lack of collaboration within the profession on legislative advocacy initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. Roadblocks caused by other professionals (i.e., psychologists, social workers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Satisfied with the status of the counseling profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Lack of position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Lack of sufficient funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Lack of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Lack of leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Lack of skill level to advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. People would see me as a "trouble maker"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Other 60. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section VI – Support for Professional Advocacy:

The following are questions related to the **level of support** felt by counselors to conduct professional advocacy. Rate the items using the scale Strongly Disagree (1) to Strongly Agree (7) to indicate your level of agreement with each statement.

	Level of Agreement						
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
61. I receive support from counselor educators/professors to advocate for the profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. I receive support from supervisors to advocate for the profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. I receive support from associations to advocate for the profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. I receive support from colleagues to advocate for the profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section I – Demographic Information. Please check the box that best describes you.

65. Gender: ☐ Female ☐ Male

66. Race/Ethnicity:

- | | |
|---|---|
| <input type="radio"/> African American/Black | <input type="radio"/> Middle Eastern |
| <input type="radio"/> Asian American/Pacific Islander | <input type="radio"/> Native American/American Indian |
| <input type="radio"/> European American/White | <input type="radio"/> Other _____ |
| <input type="radio"/> Hispanic/Latino | |

67. Disability Status:

- ☐ Physical disability from birth
- ☐ Psychological disability
- ☐ No disability
- ☐ Acquired physical disability
- ☐ Developmental disability

68. Age: ____ years (drop down)

69. Degree attained:

- ☐ M.Ed.
- ☐ M.A.
- ☐ M.S.
- ☐ Ph.D.
- ☐ Other _____

70. License (Check all that apply):

- ☐ Licensed Professional Counselor
- ☐ Licensed Rehabilitation Counselor
- ☐ Other _____
- ☐ Licensed Mental Health Counselor
- ☐ Licensed Marriage and Family Therapist

71. Primary specialty:

- ☐ Mental Health Counseling
- ☐ Substance Abuse Counseling
- ☐ Counselor Education
- ☐ Marriage and Family Counseling
- ☐ Professional School Counseling
- ☐ Rehabilitation Counseling
- ☐ Supervision
- ☐ Other _____

72. Primary setting:

- ☐ Agency - Federal
- ☐ Agency - Non-profit
- ☐ Agency - Private
- ☐ Agency - State
- ☐ College - counseling/advising
- ☐ College - counselor educator
- ☐ Private Practice
- ☐ School
- ☐ Other _____

73. State in which you reside: _____ (drop down)

74. Years in the counseling field _____ (drop down)

Appendix C: Permission Letter

Michelle de la Paz
203 Sierra Court
Menard, LA 70661

June 26, 2014

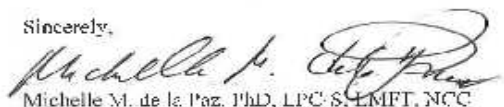
Ms. Rebecca D. Nate
12306 Stable Square Dr.
San Antonio, TX 78249

Dear Ms. Nate,

I, Dr. Michelle de la Paz, developer and copyright owner of the Professional Counselor Advocacy Inventory (PCAI), grant permission to Ms. Rebecca D. Nate to utilize the PCAI questionnaire for use and reprint in her doctoral dissertation. This permission entitles the use of the PCAI for the record of study. It is understood that any publications resulting from this work will cite this reference (de la Paz, 2011).

I appreciate your interest in the Inventory and wish you luck in your future endeavors!

Sincerely,



Michelle M. de la Paz, PhD, LPC-S, LMFT, NCC

Appendix D: List of “other” Responses to License and Primary Specialty

List of “other” responses to item 70, License

1 Provisional Professional Counselor,
 1 Supervising Licensed Professional Clinical Counselor,
 1 LPC Intern (State of Texas),
 1 Licensed Professional Clinical Counselor,
 1 LPCI,
 1 State certified school counselor,
 1 LCP,
 1 Lat LMFT lpc,
 1 Licensed Associate Counselor,
 1 Still working on my masters in mental health/school,
 1 Licensed School Counselor,
 1 Licensed Professional Counselor Affiliate Sex Offender Treatment Provider Licensed
 Chemical Dependency Counselor Intern,
 1 Lpc and csac,
 1 School Counselor,
 1 LCPC/LPCC;
 1 LADAC, ADC, CCS;
 1 LPC, CAADC, NCC;
 1 LPC-Intern;
 1 LPC & LADC;
 1 certified school counselor;
 1 Substance Abuse Counselor;
 1 LPC LMFT;
 1 LPC candidate;
 1 NCC;
 1 Licensed Professional Clinical Counselor;
 1 not yet;
 1 NCC, LCPC;
 1 Licensed Clinical Social Worker,
 1 LPC-I,
 1 PLPC,
 1 Licensed Professional Clinical Mental Health Counselor, 1 Licensed Psychologist

List of “other” responses to item 71, primary specialty

1 Behavioral Health Consultant in an outpatient medical clinic,
 1 School counseling,
 1 Combination of the above,
 1 I adjunct teach and see patients,
 1 Community Counseling,
 1 LPC Clinical Supervisor,

1 college,
1 Mental Health Counseling, Counselor Education.